

Healthy People in Healthy Communities



**2007 - 2008
ANNUAL REPORT**

to the **MINISTER OF HEALTH**



Vision

"Healthy people in healthy communities."

Mission

"Working together to provide quality health services and to promote and support healthy living in diverse communities."

Values

- Accountability and Responsibility to sustain the future of our health care resources.
- Respect, Compassion, and Dignity for all people, regardless of cultural, social and economic factors.
- Trust and Integrity in everything we do.
- Appropriate Access to Quality Health Services: the right service at the right time in the right place by the right provider.
- Creativity and Innovation that support learning, partnerships and an ongoing commitment to progress.
- Safe and supportive environment for all.

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The Prairie North Health Region Annual Report is located on the Internet at:

www.pnrha.ca

Letter of Transmittal



To: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

Prairie North Regional Health Authority is pleased to provide you and the residents of our Health Region with our 2007/2008 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of Prairie North Health Region for the year ended March 31, 2008.

The past year has been an exciting one for our Health Region, as you will see in the pages which follow. With the support and assistance of the Ministry and our many stakeholders, Prairie North was able to move forward on a number of projects and initiatives. We eagerly anticipate continued progress in the year ahead, particularly in vital capital and program areas.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "B. O'Grady".

Bonnie O'Grady
Chairperson
Prairie North Regional Health Authority

Who We Are

Prairie North Regional Health Authority is one of 12 Saskatchewan RHAs established in 2002 with proclamation of *The Regional Health Services Act*. The RHA is the formal legal entity responsible for the planning, organization, delivery and evaluation of the health services it provides within the boundaries of Prairie North Health Region.

The Authority generally refers to the governing Board, while the 'Health Region' describes our geographic area, along with the facilities, programs, and services provided in it by all of our staff, physicians, and partners.

Our Vision, Mission and Values

Prairie North's original Vision, Mission and Values statements were established by the RHA in 2003 and were done so to align with Saskatchewan Health's Vision for the future of health care and service in our province:

Saskatchewan Health Vision Statement

"Building a province of healthy people and healthy communities."

In 2006-07, Prairie North reviewed and revised its Vision, Mission, and Value statements to ensure they continue to represent who we are and where we are going, in the context of the provincial direction for health. The Region refined its Mission statement to reflect more of what we do in the provision of quality health services, and to recognize the diversity of the communities which comprise Prairie North. PNRHA's Value statements are a strong and clear identification of what the Region holds to be the fundamentals behind the care and service we provide, the business we do, and the decisions we make.

Prairie North Health Region's Vision, Mission, and Values are prominently placed at the beginning of this Annual Report. We are working to ensure that our Region continually moves toward its Vision - our long-range view of what we ultimately want our health region to be; that we follow our Mission - the broad picture of how we are going to achieve our Vision; and that we use our Values as the principles and elements that guide us in making decisions and taking actions.

Supporting our Values, Prairie North RHA is guided in its decision-making, presentation and conduct by the legislation that governs us, and by our policies around governance, responsibility, conduct, communication, accessibility, planning, and reporting. Professionally, our managers, physicians, and staff are bound by the regulations, expectations, and requirements of their professions, including codes of conduct and ethics. Prairie North has in place specific policies and procedures dealing with health information protection, informed consent and financial management, and others that guide us in delivering the highest standards of care and service throughout our organization.

The Region has in place an Ethics program that consists of a Regional Committee plus local committees for The Battlefords, Lloydminster, and Meadow Lake/Rural, and a Regional Research Ethics Review Board. Members include physicians, managers, frontline staff, and Board officials who – together – work to address ethical issues that arise through day-to-day operations or in relation to more strategic decision-making processes.

PNHR Strategic Plan 2007 - 2010

Prairie North Health Region's Strategic Plan aligns with the direction of Saskatchewan Health, its Goals and Objectives. Sask Health's Objectives are PNHR's Objectives in our Strategic Plan. PNHR has also expanded its Objectives to identify issues and opportunities specific to our Health Region. Following is a summary of the key elements of PNHR's Strategic Plan:

Strategic Direction – Goal 1: Improved Access to Quality Health Services

PNHR Objectives:

- Provide responsive, coordinated primary health care
- Improve chronic disease management
- Reduce wait times for surgical procedures
- Reduce wait times for diagnostic services
- Improve emergency medical care
- Improve hospital, specialized services and long-term care
- Improve service delivery across the continuum of care
- Provide quality maternal/child services
- Strengthen mental health and addiction services

Strategic Direction – Goal 2: Effective Health Promotion and Disease Prevention

PNHR Objectives:

- Improve promotion of health and disease prevention
- Improve the health of northern and Aboriginal communities

Strategic Direction – Goal 3: Retain, Recruit and Train Health Providers

PNHR Objectives:

- Improve utilization and availability of health human resources
- Develop Prairie North Health Region into a learning organization
- Develop representative work places
- Create healthier, more effective work places

Strategic Direction – Goal 4: A Sustainable, Efficient, Accountable and Quality Health System

PNHR Objectives:

- Ensure quality, effective health care
- Ensure appropriate governance, accountability and management for the health sector and sustain publicly funded and publicly administered health care
- Communicate appropriately and effectively with all internal and external stakeholders
- Make Continuous Quality Improvement integral throughout the organization
- Ensure patient safety is a critical focus in all health services programming

This Strategic Plan serves as one of the two key measures on which PNHR'S Annual Report is based, providing the Minister of Health and our stakeholders with an overview of the Region's strategic and operational performance for the past fiscal year. The other measure is the Accountability Document between the RHA and Saskatchewan Health. An Accountability Document is created annually for each Health Region and sets out the organizational, program and service expectations of each individual RHA. Each Health Region's Annual Report is intended to clearly describe the extent to which the RHA has set direction and made progress toward health system strategic direction, and the extent to which the Region has complied with the Accountability Document.

Organizational / Administrative Structure

Prairie North Health Region is proud of its strong, consistent and visionary leadership, from the RHA Board and Senior Management Team, through its Directors and Managers, Chiefs of Staff, physicians and staff members across the organization.

PNHR has been fortunate to have retained the services of the same Chief Executive Officer and two of its senior managers since the Region's inception in 2002. As CEO, David Fan has directed the organization for the past six years with the support of Vice President of Corporate Services Irene Denis and Vice President of Finance/Information Technologies Jerry Keller who have also been with the Region for the past six years. Glennys Uzelman joined the Senior Management Team in 2003. Vice President of Development and Operations Lionel Chabot and Vice President of Integrated Health Services Barb Jiricka have been with Prairie North since 2006.

New to the Senior Management Team in November 2007 is Dr. Bruce Murray as Vice President of Medical Services. Dr. Murray brings with him many years experience in medical administration in Saskatoon, and is a practicing pathologist with Saskatoon Health Region as well as a Clinical Associate Professor of Pathology with the University of Saskatchewan. Dr. Murray replaces Dr. Jim Cross who served nearly five years as VP of Medical Services for Prairie North Health Region. Dr. Cross resigned in April 2007 to return to duties in Prince Albert. Prairie North takes this opportunity to extend our appreciation and recognition to Dr. Cross for his outstanding medical leadership and overall contributions to our Health Region.

Prairie North Health Region Senior Management Team As of March 31, 2008



Barbara Jiricka
VP Integrated Health Services



Irene Denis
VP Corporate Services



Lionel Chabot
VP Development & Operations



David Fan
Chief Executive Officer



Dr. Bruce Murray
VP Medical Services



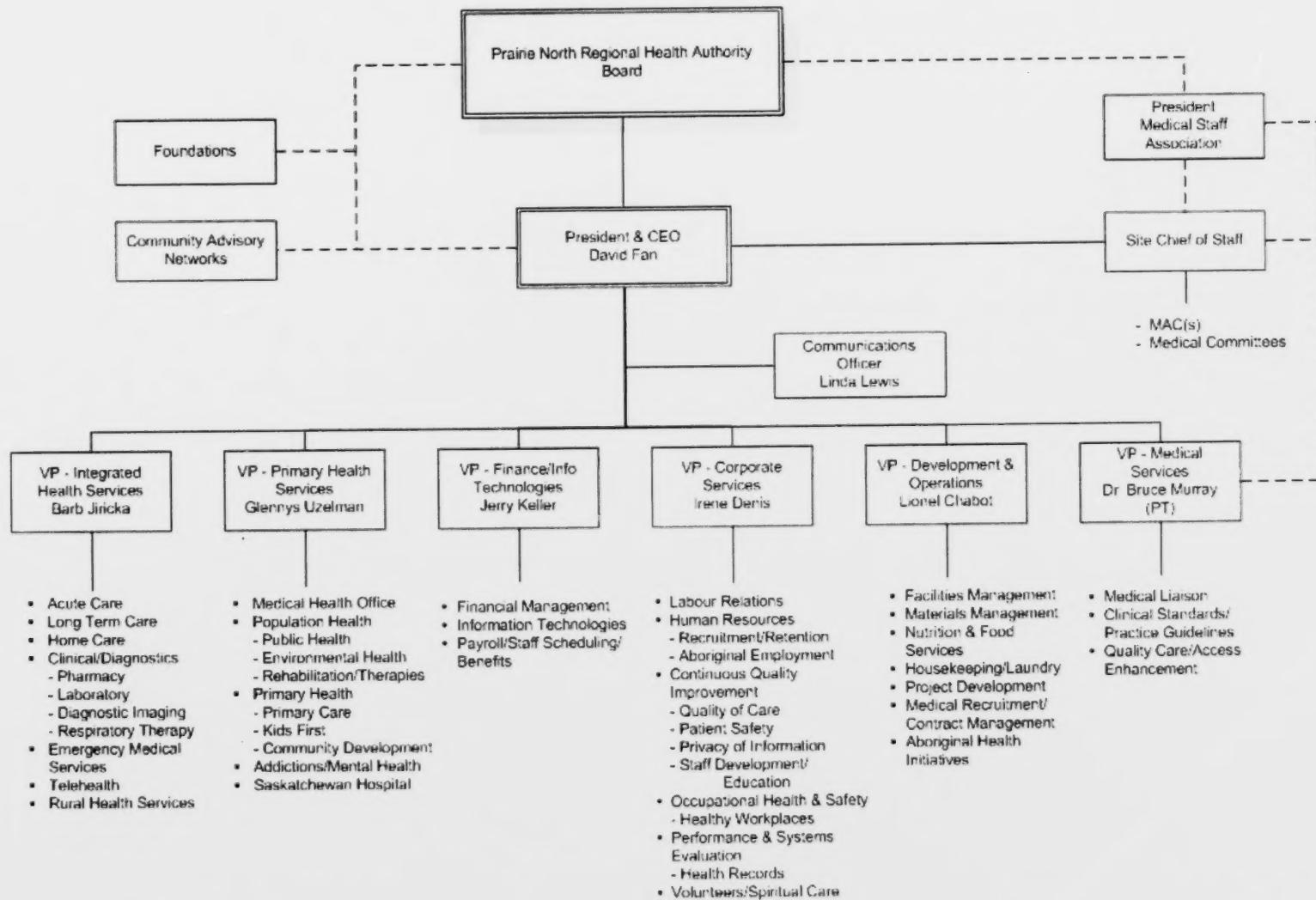
Jerry Keller
VP Finance/Information Technologies



Glennys Uzelman
VP Primary Health Services

Prairie North Regional Health Authority Organizational Structure

As of March 31, 2008



Service Providers

Our strength is our people: highly skilled, qualified, professional, dedicated, caring, and compassionate through every program and service, department, facility and community.

Individually and collectively, Prairie North Health Region staff and physicians strive to provide the very best in quality health service delivery for patients, residents, clients, co-workers, colleagues, partners, and communities. Teamwork is essential for PNHR's continued success in meeting the needs of all those we serve.

Staff Resources

Prairie North Health Region is proud of our team of over 2,900 staff members in full-time, part-time, and casual positions. Prairie North employs 560 registered nurses, registered nurse/nurse practitioners, and registered psychiatric nurses; 2,038 unionized support staff including licensed practical nurses, special care aides, laboratory and diagnostic services personnel, and dietary, housekeeping and maintenance professionals; 201 health sciences association staff including public health inspectors, therapists, counsellors, technicians, and psychologists; and 162 non-unionized staff including senior, regional, facility, program, and nurse managers, plus administrative support personnel. Translated into full-time equivalent positions (FTEs), Prairie North's staff complement is as follows:

<u>Full-Time Equivalent Positions – Prairie North Health Region</u>					
	2007/08 (as at March 31, 2008)	2006/07 (as at March 31, 2007)	2005/06 (as at March 31, 2006)	2004/05 (as at March 31, 2005)	2003/04 (as at March 31, 2004)
Canadian Union of Public Employees (CUPE - Sask.)	1,342.55	1,290.30	1,202.30	1,165.39	1,143.36
Alberta Union of Provincial Employees (AUPE - Alta.)	92.88	88.53	89.01	88.75	88.63
Health Sciences Association of Saskatchewan (HSAS)	136.09	122.69	119.25	112.34	114.81
Out-of-Scope (OOS) – Sask.	141	139.51	137.89	126.55	128.13
Out-of-Scope (OOS) – Alta.	10.70	12.20	10.96	Not previously reported	
Saskatchewan Union of Nurses (SUN)	386.12	384.41	377.26	378.75	378.78
United Nurses of Alberta (UNA)	14.91	13.70	13.66	13.51	13.65
TOTAL Full-Time Equivalents	2,124.25	2,051.34	1,950.33	1,885.29	1,867.36

As the numbers indicate, Prairie North's staff complement has gradually expanded, particularly in the support services/provider union sector (CUPE and AUPE), and in the Health Sciences affiliation to meet the increasing demands of the Region's growing population. In 2007-08, a total of 72.91 FTE positions were added, representing a 3.5% increase over the year before.

Physician Resources

Since the Region's inception, Prairie North has been fortunate to have maintained a complement of approximately 100 physicians, albeit with turnover in the ranks of both general practitioners and specialists. PNHR is not without the challenges of retaining and continually recruiting new physicians, as individual doctors leave the Region's medical staff and others join.

Physician Resources – Prairie North Health Region		
As at March 31, 2008		
General Practitioners – 75 including:	Specialists - 27	Visiting Specialties
9 GP/Anaesthetists	1 Medical Health Officer	Gerontology
1 GP/Anaesthesia-Epidural only	8 Psychiatrists	Internal Medicine
1 GP/Surgeon	4 Internists	Ophthalmology
1 GP/Surgeon/Obstetrics/Ultrasound	2 Radiologists	Orthopaedics
1 GP/Obstetrics/Ultrasound	5 Surgeons	Paediatrics
1 GP/Internist	1 Paediatrician	Plastic Surgery
1 Emergency Room Physician	3 Obstetrician/Gynaecologists	Rheumatology
1 GP/OR Assist	1 Pathologist	Urology
	1 Otolaryngologist	Nephrology
	1 Ophthalmologist	

Volunteer and Spiritual Service Resources

Prairie North Health Region recognizes volunteers and spiritual service providers as integral members of the health care team. Volunteers are valuable human resources who contribute their time, unique talents, and skills to augment the service delivery of health care staff. PNHR volunteers are directly involved with patients, residents, and clients in our facilities and in our programs. Activities include greeter programs, visitation, recreation, and Auxiliary work. In the community, volunteers deliver Meals-on-Wheels, raise funds, organize and host special events, work on committees, and serve as general ambassadors for local services and facilities. PNHR volunteers are positive role models for present and future members of their communities. Volunteers are a vital link between the health system and the public.

PNHR volunteers are directly supported by the regional Volunteer and Spiritual Services Program which provides registration, screening, and orientation. The program coordinates volunteer-based services for the health region and serves as a resource for health professionals wishing to develop or enhance their services through volunteer opportunities.

PNHR's volunteer corps numbers around 3,900 individuals who donate untold time and talents to the nearly 30 health region facilities and programs, 15 Auxiliary organizations, and seven Foundations and Trust Fund agencies. Many volunteers are involved in more than one program or at more than one facility. Each site or program is unique and attracts volunteers interested in its particular range of opportunities.

Prairie North Health Region's Spiritual Services program works in partnership with local Faith communities. They assist in the Region's chaplain-on-call program, memorial worship services, seasonal celebrations, bible studies, visitation programs, and cultural gatherings. Prairie North believes that spirituality has a significant impact on a client's physical, emotional, mental and social well-being. The Spiritual Services program is another important component of the Region's health care and service spectrum.

Key Partnerships

Ministry of Health

The Ministry of Health, commonly known as Saskatchewan Health, is PNHR's principal partner in the overall management and delivery of health services to the Region's residents. Under the direction of the Minister of Health, Saskatchewan Health is responsible for the strategic direction of the province's health system, determines provincial priorities, provides policy direction, sets and monitors standards, allocates resources, and provides funding to support RHAs in ensuring the provision of essential and appropriate services to their respective populations. The Ministry defines performance and outcome measures, and establishes accountability parameters for the RHAs.

Saskatchewan Association of Health Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies in Saskatchewan that provides leadership, advocacy, support and programs for its members. Prairie North Health Region is a member of SAHO, as are all other regional health authorities in the province, along with independent hospital and special care homes, associations and agencies that provide health services, education and/or regulations. SAHO provides support and education for boards and administrators; professional development and workplace health and safety education and training; human resources, employee relations, and collective bargaining services; payroll and benefit services; and communications and materials management support.

East Central Health, Alberta

The Alberta side of Lloydminster is located within the geographic boundaries of East Central Health region, Alberta. However, through long-standing agreement between Alberta and Saskatchewan, Saskatchewan provides the health services to all of Lloydminster, irrespective of the boundary between the two provinces. As such, Prairie North works with East Central Health to plan and deliver health services to Lloydminster and area residents. Funding support for Lloydminster, Alberta and area residents comes through ECH from Alberta Health and Wellness.

First Nations Communities and Organizations

PNHR partners with a number of First Nations to help support and deliver health services to Aboriginal clients. Through agreements with the Region, Meadow Lake Tribal Council (MLTC) provides health liaison services for clients at Meadow Lake and Loon Lake. Thunderchild First Nation supports health liaison service at Turtleford. Big Island Lake First Nation, Ministikwan, and Island Lake First Nations participate with PNHR in support of Primary Health Care services and chronic disease management. PNHR has membership from MLTC, Big Island Lake, Island Lake, and Makwa Sahgaiehcan First Nation on the Region's Loon Lake/Goodsoil Primary Health Care Team. Through contract with Onion Lake First Nation, Prairie North provides laboratory service to the Onion Lake Health Centre.

Battlefords Family Health Centre

Prairie North contracts with Miwayawin Indian Health Services for the provision of Primary Health Care services in North Battleford through Battlefords Family Health Centre. The Centre is governed by a Board of Directors including Chiefs of the member communities. PNHR is represented on the Primary Health Care Management Committee. Miwayawin Indian Health Services is not an entirely new entity; rather, it was established following changes to membership and governance of partnering First Nations organizations.

KidsFirst

PNHR partners with local agencies in Meadow Lake and North Battleford to deliver targeted support to the most vulnerable families. KidsFirst is an early childhood development program intended to provide vulnerable children with the best possible start in life and to ensure they will be nurtured and supported by well functioning families and communities. Federal/provincial funding for the local program is channelled through PNHR as the accountable partner.

North Sask Laundry & Support Services Ltd., Prince Albert

Prairie North is one of four Saskatchewan health regions which own North Sask Laundry (NSL), a health care laundry provider. NSL's processing plant is located in Prince Albert and provides laundry and linen services to health care facilities and clinics in its four owner health regions, plus one additional health region and other facilities such as corrections and education. PNHR purchases NSL's services to provide and maintain linen supplies to many PNHR facilities. Prairie North directly participates in the governance of NSL through mandated membership on the company's Board of Directors.

Foundations and Auxiliaries

PNHR is fortunate and grateful to have the support of local Foundations, along with community and facility-based Auxiliaries, to help us meet care and service needs of our patients, residents, and clients. These organizations' generous financial contributions toward the smallest of amenities to enhance patient/resident/client care, to the largest purchases of major capital equipment, are vital to our ability to maintain and strengthen our services.

Foundations & Trust Funds	Auxiliaries
Battlefords Union Hospital Foundation	AMGITS (Saskatchewan Hospital Auxiliary) Hands of Friendship Auxiliary (Battlefords District Care Centre)
Beaver River Health Care Foundation (Goodsoil)	Dr. Cooke Extended Care Auxiliary Edam Health Care Auxiliary Goodsoil Health Care Auxiliary
Lady Minto Trust Fund Committee (Edam)	Jubilee Jems Auxiliary (Jubilee Lodge, Lloydminster)
Lloydminster Region Health Foundation Inc.	Lashburn Health Care Auxiliary Lloydminster Health Care Auxiliary Maidstone Health Care Auxiliary
Loon Lake Health Care Foundation Inc.	Meadow Lake Health Care Auxiliary
Meadow Lake Hospital Foundation Inc.	Mervin Health Care Auxiliary Paradise Hill Community Health Auxiliary
Twin Rivers Health Care Foundation Inc.	River Heights Lodge Auxiliary St. Walburg Health Care Auxiliary Villa Pascal Ladies Auxiliary

Health Care Organizations

Prairie North Health Region works closely with nine independent health care organizations (HCOs) to deliver programs and services to residents of the Region. Prairie North's HCOs provide emergency medical, addictions, mental health, and long-term care services.

The Regional Health Services Act defines a health care organization as:

- a prescribed organization that receives funding from an RHA to provide health services; or
- an affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan, and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contracts must be in place between each HCO and the Health Region.

The contracts set out the health services to be provided by the HCO and the funding to be received through the Health Region. According to the contracts, HCOs are required to submit audited financial statements and statistical information to the Health Region. Prairie North maintains strong linkages with each of its HCOs to assist in ensuring that operational and service requirements are met.

A) EMERGENCY MEDICAL SERVICES

Lloydminster Emergency Care Service

Marshall's Ambulance Care Ltd., St. Walburg

WPD Ambulance Care Ltd., North Battleford

Prairie North contracts with these three private ambulance companies to provide pre-hospital emergency care to individuals in and around the companies' respective communities and contract areas. A contract is also maintained with Cold Lake Ambulance Society of Cold Lake, Alberta to provide a limited amount of emergency road ambulance service in the far northwest part of PNHR. Ambulance service to other communities and areas of Prairie North is provided by Region-owned and operated services in Cut Knife, Maidstone, Meadow Lake, and Neilburg.

B) ADDICTIONS SERVICES

Walter A. "Slim" Thorpe Recovery Centre Inc., Lloydminster

The Slim Thorpe Centre, as it is commonly known, is a not-for-profit organization dedicated to education and delivery of services associated with chemical dependency and problem gambling. The Centre provides high quality recovery and prevention services that encourage positive solutions to alcohol, drugs and gambling problems. Prairie North Health Region provides flow-through funding to the Centre to deliver addiction services to Lloydminster and area residents.

C) MENTAL HEALTH SERVICES

Libbie Young Centre Inc., Lloydminster

The Centre offers short-term and long-term residential supportive apartment living, as well as day programming to clients of Lloydminster and area. The Centre provides support services for persons experiencing chronic and persistent mental illness.

Canadian Mental Health Association, Battlefords Branch

The CMHA offers pre-vocational, vocational, public education, activity and advocacy services for individuals with mental health challenges.

Edwards Society Inc., North Battleford

The Edwards Society provides accommodation for mental health clients in a structured, supportive family-style living environment to enhance their quality of life and assist with greater self-reliance.

Portage Vocational Society Inc., North Battleford

Portage offers vocational rehabilitation, employment training and placement programs for clients suffering mental or emotional illness.

D) LONG-TERM CARE SERVICES

Societe Joseph Breton Inc., North Battleford

The Societe operates the Villa Pascal 40-bed long-term care facility in North Battleford, and is Prairie North's only affiliate organization.

Key Services

Prairie North Regional Health Authority provides a comprehensive array of health services to the residents of the two cities, seven towns, 19 villages, five resort villages, 14 First Nation communities, 17 rural municipalities that lie entirely within the Region's geographic boundaries, and three rural municipalities a portion of each which lies within PNHR.

Our patient care services cover the spectrum from working with individuals, organizations and communities to prevent illness and promote good health; to providing emergency, diagnostic, and ongoing medical care when patients/clients are in need; helping individuals return to improved health through rehabilitation, care management and ongoing support; providing long-term care to individuals who can no longer care for themselves; and educating, treating, supporting and providing care to individuals facing illness relating to addictions and mental health. The Region also works to safeguard the health of our population and communities.

These services are provided in Region-operated institutions and service sites, as well as through contracted/private service sites and programs, in community locations, and in client homes.

The Region supports its delivery of patient care services through housekeeping, food and nutrition, facilities maintenance, and materials management programs.

Coordinating and managing all direct care and support services are the Region's administrative programs including finance, information technology, human resources, labour relations, communications, and continuous safety and quality improvement.

Prairie North Regional Health Authority is organized according to the key services we provide.

Key Patient & Corporate Services – Prairie North Health Region **As at March 31, 2008**

Acute Care

Hospitals including clinical and diagnostic services, Medical/Physician services, and Specialists

Supportive/Continuing Care

Long-Term Care, Home Care, Day Programs, and Respite Care

Rural Health Services

Health Centres and Integrated Health Facilities

Emergency Response Services

Ambulance and First Responders

Population Health Services

Public Health, Environmental Health, Rehabilitation and Therapies

Primary Health Care

Primary Health, KidsFirst, Intersectoral programs, and Community Development

Mental Health & Addictions Services

Inpatient, Outpatient, and Long-term Rehabilitation

Support Services

Housekeeping, Food and Nutrition Services, Facilities Services, and Materials Management

Corporate Support Services

Executive/Administrative Services including Finance, Information Technology, Human Resources and Labour Relations, Communications, and Continuous Safety & Quality Improvement

Key Activity Indicators

Prairie North Health Region has in place a number of data collection and reporting systems and processes that help us monitor and analyse the work we do and the care and service we provide for our patients, residents, and clients.

We continually strive to assess, standardize, compile, coordinate, and refine the data we collect. The data is used to examine and identify strengths, weaknesses or gaps in our service delivery, along with trends, changes and areas for improvement in what we do and how we do it. This information is integral to our measures of success in meeting the care and service needs of our clients, and in our decision-making processes and planning toward meeting our goals and objectives.

Each year, the Region compiles a report of its key activity indicators so that one can clearly see the volume of service provided. Since the first comprehensive *PNRHA Key Activity Indicators* report for 2005-06, the data reveals that the volume of services provided is steadily growing in many sectors, particularly acute care, diagnostic imaging and laboratory services, mental health and addictions services, and population health.

Acute Care, Diagnostic, & Emergency Medical Service Indicators **= Prairie North Health Region** **April 1, 2007 - March 31, 2008**

	2007-08 Total	2006-07 Total	2005-06 Total
Acute Care (Hospital) Separations *	10,872	10,200	10,315
Live Births	1,826	1,626	1,603
Surgical Cases (OR & Endoscopy)	7,660	7,226	7,021
Hospital Emergency & Ambulatory Care Visits	115,795	112,026	117,355
Health Centre Ambulatory Clinic Visits	3,336	3,334	3,239
Laboratory Tests	1.44 million	1.307 million ^a	1.28 million
General Radiography Exams (X-Rays)	51,818	53,120 ^a	54,239 ^a
Ultrasound Exams	10,748	8,907	7,307
CT Exams	7,530	5,322	813 ^b
Respiratory Therapy Procedures	95,860	88,955	52,368 ^c
Ambulance Calls	8,742	8,425	8,212
Ambulance Travel (in Kilometres)	1.09 million	984,314	1.05 million ^a

Note:

* Separations is the national standard term to define the number of patients who spent time in (were admitted to) hospital.

^a: Figures are different than those included in 2006-07 Annual Report due to ongoing refinement in data collection and reporting.

^b: CT services in PNHR began in late 2005-06.

^c: Data not previously reported.

Continuing Care, Mental Health & Addictions, & Population Health Indicators – Prairie North Health Region
April 1, 2007 - March 31, 2008

	2007-08 Total	2006-07 Total	2005-06 Total
Long-Term Care Admissions	270	219	253
Short-Term Care Admissions	380	371	393
Home Care Clients	28,006	28,320	20,795
Meals-on-Wheels	24,325	23,482	24,961
Mental Health Outpatient Visits	23,687	23,272	22,619
Mental Health Outpatient Direct Service Hours	23,211	22,826	21,865 ^a
Addiction Services Clients	5,857	5,217	5,159
Addiction Services Direct Service Hours	10,396 ^d	5,730	5,220 ^a
Physiotherapy Visits	40,696	39,253 ^a	33,750
Occupational Therapy Visits	4,754	5,964 ^a	7,416
Speech Language Pathology Visits	2,339	2,208 ^a	---- ^c
Public Health Inspections	1,207	1,131	---- ^c
Public Health Complaints, Consultation, & Field Visits	6,628	5,647 ^a	---- ^c
Clients Seen in Child Health Clinics	5,500	5,166	---- ^c
Postnatal Contacts – Public Health	3,175	2,796	---- ^c
School Immunizations	3,450	3,917	---- ^c
Travel Clinic Clients	3,212	2,485	---- ^c

Note:

a: Figures are different than those included in 2006-07 Annual Report due to ongoing refinement in data collection and reporting.

b: CT services in PNHR began in late 2005-06.

c: Data not previously reported.

d: Substantial increase over previous year's numbers due primarily to opening of new Robert Simard Social Detox Unit.

Service Sites

Prairie North Health Region offers its programs and services through 26 distinct facilities or sites, totalling over one million square feet of space. In the past year, three service sites in Maidstone have become one, with integration of Maidstone Hospital, Pine Island Lodge, and Community Health Services into Maidstone Health Complex.

In Lloydminster, a new Community Health Services site has been established at the Co-op Plaza in downtown Lloydminster. The Community Health Services – Co-op Plaza location houses Prairie North's community-based programs for Lloydminster and area children, including Child and Youth Mental Health Services, Speech-Language Pathology service for children, Early Childhood Psychology services, and the Parent Mentoring Program. The Region's Population Health Promotion and Public Health Inspection programs for Lloydminster have also relocated to the new site.

The Community Health Services building in Lloydminster, at 3830 – 43 Avenue, remains home to PNHR's Public Health Nursing, Chronic Disease Management, Home Care, and Adult Community Counselling mental health services.

Additionally, the Co-op Plaza site has become home to most of the health region's administrative services in Lloydminster, including payroll, finance, information technology, continuing care management, and strategic health information and performance office. These services were decanted from Lloydminster Hospital to reclaim space for direct patient care.

Prairie North Health Region Facilities and Sites **As at March 31, 2008**

Two Regional Hospitals

Battlefords Union Hospital, North Battleford
Lloydminster Hospital, Lloydminster, SK

One District Hospital

Northwest Health Facility/Meadow Lake Hospital,
Meadow Lake

Three Community Hospitals with Attached Special Care Home

Maidstone Health Complex, Maidstone
Loon Lake Hospital & Special Care Home, Loon Lake

Riverside Health Complex, Turtleford

One Provincial Psychiatric Rehabilitation Hospital

Saskatchewan Hospital, North Battleford

Two Health Centres

Manitou Health Centre, Neilburg
Paradise Hill Health Centre, Paradise Hill

Six Special Care Homes

Battlefords District Care Centre, Battleford
Dr. Cooke Extended Care Centre, Lloydminster, AB
Jubilee Home, Lloydminster
Northland Pioneers Lodge, Meadow Lake
River Heights Lodge, North Battleford
Villa Pascal, North Battleford (Affiliate)

Four Health Centres with Attached Special Care Home

Cut Knife Health Complex, Cut Knife
Lady Minto Health Care Center, Edam
L. Gervais Memorial Health Centre, Goodsoil
St. Walburg Health Complex, St. Walburg

One Primary Health Care Centre

Primary Health Centre, North Battleford

Two Community/Public Health Facilities (separate from other sites)

Community Health Services Building, Lloydminster, SK
Community Health Services - Co-op Plaza, Lloydminster SK

One Youth Mental Health Services Site

Child & Youth Services, North Battleford

One Mental Health Services Transition Home

Donaldson House, North Battleford

Two Inpatient Addiction Treatment Centres

Hopeview Residence, North Battleford
Walter A. "Slim" Thorpe Recovery Centre, Lloydminster, AB (HCO)

Key Risks to the Organization

Successful organizations are those that can identify and anticipate key areas of risk, and proactively plan and implement strategies to mitigate those risks.

Prairie North Health Region maintains a strong focus on the management of risks that challenge the future of the organization's ability to deliver the health care services it is mandated to provide. In 2007-08 and going forward, the key risks to Prairie North Health Region continue to centre around health human resources, patient and staff safety, financial resources, capital infrastructure, equipment and technology, a growing population and increasing pressures for service. Each of these risks is complex and interconnected, and cannot be considered or addressed in isolation.

Human Resources

Ensuring adequate and appropriate numbers of health care professionals continues to be a challenge for Prairie North Health Region. This is not unique to PNHR but is an issue across health care jurisdictions regionally, provincially, nationally, and internationally.

The issues revolve around filling human resource vacancies particularly in nursing and other hard-to-recruit positions, as well as recruiting and retaining physicians, especially in rural communities. Integral to resolving the nurse resource issue in PNHR is improving the workplace so that nurses who join the Region will stay and those who are already with the Region will remain, in a positive, fulfilling work environment. The same holds true for all other health professionals. The risks that flow from gaps or shortages in the workforce are: increased workload and overtime for existing employees; increased use of sick time due to tired, burned out and overburdened employees; greater risk of accidents and errors for staff and patients/residents/clients; escalating service interruptions due to lack of staff available to provide the service; growing wait times for patients; and reduced staff morale and emergence of a negative workplace or workforce culture.

In 2007-08, Prairie North redoubled its efforts to recruit and retain staff. The Region emphasized its recruitment package and bursary program for hard-to-recruit professionals in an attempt to entice individuals to join the Prairie North team. Seventy-six (76) recruited candidates received incentive/relocation assistance in 2007 and 12 bursary recipients came to work for the Region in the past year. An additional 32 hard-to-recruit professionals signed agreements to come to work for Prairie North upon graduating from their programs over the next three years. Prairie North also participated in a provincial recruitment initiative to the Philippines in late 2007 and successfully recruited 21 registered nurses who will start to arrive in the Health Region in 2008.

PNHR has focused on offering as many practicum placements as possible for health care students. This provides an opportunity for students to understand the services and career opportunities available to them within Prairie North, and to perhaps see the Region as their future employer.

PNHR continues to increase its marketing strategies relating to recruitment. In the past year, Prairie North officials have attended over 30 recruitment functions in Saskatchewan, Alberta, Manitoba, Newfoundland and Nova Scotia. PNHR representatives have met over 2,500 students in post secondary health career programs.

The Region continues to make numerous presentations to high school students, with a specific emphasis on Aboriginal students, regarding careers in health care-related fields, in an effort to encourage young people to choose a career in health care.

Reduced access to service is the primary risk associated with a health region or community's inability to recruit and retain physicians and other health care providers. The level of physician and health human resources continually fluctuates from one part of Prairie North to another.

In the past year, physician services were relatively stable in one area of the Region (Loon Lake/Goodsoil) where they had previously been problematic, while in another (Maidstone) where they had been relatively stable for a lengthy period of time, they destabilized and resulted in emergency services being unavailable at the local hospital for most of the year. By year end, Prairie North and residents in another rural area (Turtleford) where hospital emergency services have been available were facing departure of physicians and possible disruption of emergency services. Anticipated shortages of laboratory and diagnostic imaging staff in rural hospitals also has the potential to disrupt services. The need to recruit physicians and other health care providers is ongoing to fill gaps in the coverage in varying locations within Prairie North.

To mitigate the risk to patients and service, PNHR has become more directly involved in recruiting family physicians for rural communities. PNHR has offered and provided its expertise in physician recruitment to assist or be the lead in physician recruitment efforts. The Region has worked to educate communities about the challenges in attracting and keeping doctors. Public meetings have helped inform residents about appropriate use and expectations of physician resources. Citizens are being encouraged to come up with creative means to assist in securing and sustaining physician services in their communities.

Prairie North officials have met with municipal and community leaders, organizations and the general public to discuss the benefit and development of primary health care services.

Patient and Staff Safety

Ensuring the safety of all clients as they access services within the health system and all staff as they fulfill their duties in and on behalf of the health system has become a priority across the nation. Growing recognition has come within health care that many opportunities exist to minimize system errors and create a safer patient and staff experience. Failure to identify, anticipate, and address the overall issue of safety is a key risk to the health system as a whole, and to Prairie North as part of that system.

Categories of risk to patients and staff include critical incidents, occurrences and near misses. Examples include medication errors, falls and injuries, hospital acquired infections, and clinical errors, to name a few. Equipment failures, and unsafe and unhealthy work environments and practices also pose significant risk to patients and workers, as does lack of awareness and knowledge about safe practices and requirements.

To address these risks, Prairie North places strong emphasis on addressing the challenges and opportunities related to safety. The Region is working on implementation of its Continuous Safety and Quality Improvement Plan developed in 2006-07. Components include an active and effective Occupational Health & Safety Program, maintenance of a comprehensive client risk management program in compliance with the provincial mandate, linkages with human resources to develop and implement a staff development/educational plan, and collaboration with the healthy workplace program to improve the work environment and experience.

Additionally, PNHR has developed a Risk Profile under recommendation from the Canadian Council on Health Services Accreditation (CCHSA) to identify and address the safety areas most in need of improvement. The Region also focused on patient and staff safety in its 2007-08 budget priorities with a substantial injection of capital resources for upgrading and improving equipment and physical environments.

Financial Resources

The 2007-08 fiscal year was a difficult one for Prairie North Health Region resulting in a year end deficit of \$620,306. The Region was able to fill most job vacancies in the support sector; however, sick leave and overtime costs resulted from vacancies in the nursing care sector. Escalating sick leave and overtime costs threaten the financial viability of the organization and its ability to provide services. PNHR's incentive and bursary programs are expected to provide relief in staffing vacancies in the coming two to three years as students complete their training, fulfill their commitments, and join the Region's workforce, but significant financial risks remain until this happens.

The risks posed by the financial deficit are those of sustainability and an inability to move forward as planned on elements of the patient/staff safety agenda, capital equipment and technology purchases, and capital maintenance and projects. As discussed earlier, these risks have the potential to negatively impact human resource recruitment and retention, healthy workplace and workforce initiatives, and the Region's ability to meet the demands of a growing population for expanded programs and services.

To mitigate the risks associated with our financial situation, Prairie North has focused on initiatives to slow and reverse the rise in overtime and sick time costs. These initiatives include continued emphasis on recruitment and retention, implementation of a Region-wide Ability Management Standardized Medical Certificate policy and program, improved monitoring of overtime and sick time utilization, plus continued emphasis on improving the safety and health of the workplace. PNHR has in place an Attendance Support Policy to address non-culpable absenteeism.

The Region strives to maintain careful control of our financial resources, and to effectively plan for use and development of our human, capital management, capital equipment, and information technology resources. Prairie North continues to strategically invest in programs, human and capital resources to improve efficiencies and achieve cost benefits over the longer term. An example of this strategy is integration of three health sites into one at Maidstone to make the best use of limited human and physical resources, while improving the overall quality of life for clients and residents and work life for staff in appropriate surroundings.

Additionally, Prairie North maintains its emphasis on reviewing and re-engineering processes and systems to improve effectiveness, add value, and reduce costs.

Prairie North's overall financial position remains tied to appropriate funding from the Province of Alberta through East Central Health for the provision of health services in Lloydminster. Prairie North works closely with ECH to ensure that the health needs and resulting costs for service to Alberta residents are understood and appropriately funded. Building on the success of previous years to secure increased resources from its Alberta counterpart, PNHR and ECH partnered to conduct an external review on respective funding by the two provinces for health services in Lloydminster. The review identified the population served and the relative utilization of Lloydminster health services by Alberta (54%) and Saskatchewan residents (46%). With agreement from both PNHR and East Central, the findings now serve as a blueprint for ongoing funding commitments and initiatives for the Border City.

Risk remains going forward, with governance and organizational changes in ECH early in 2007-08. Prairie North was unable to proceed with its planned 10-bed expansion of acute care services at Lloydminster Hospital in 2007-08, and planned enhancements to public health nursing and chronic disease management services. Prairie North will continue to work with ECH and the provinces of Alberta and Saskatchewan to ensure the financial resources are in place to meet the Lloydminster needs.

Capital Infrastructure

Prairie North Health Region is home to several aging facilities that are costly to maintain and do not allow efficient, cost-effective use of staff and other resources. These include the 94-year-old Saskatchewan Hospital provincial psychiatric rehabilitation facility in North Battleford; Northland Pioneers Lodge long-term care home in Meadow Lake; the 67-year-old Battlefords District Care Centre in Battleford; and regional hospitals in Lloydminster and North Battleford.

Replacement or significant upgrading of each is required to maintain or improve patient/resident/client and staff safety, and to make the most efficient, effective use of the Region's limited human, physical, and fiscal resources. In the case of Lloydminster Hospital, expansion and redevelopment of the structure is necessary to meet the demands of a rapidly growing population. Approvals and partnerships with Saskatchewan Health and local communities are necessary to move replacement projects forward. In the case of Lloydminster, commitment is also necessary from Alberta.

Prairie North maintains an ambitious and evolutionary Five-Year Capital Management Plan that sets out the priorities for capital improvement activity. PNHR participated in the provincial assessment of health facilities across Saskatchewan. The Region will now utilize the Ministry of Health Capital Planning and Management Report findings to update and prioritize its Five-Year Capital Management Plan.

PNHR continues to work toward long-term resolution of its infrastructure risks:

- As of February 2008, the Maidstone Heath Complex became fully operational with a grand opening scheduled for June 2008. The project came in on budget though slightly behind schedule. Landscaping is scheduled for the spring and summer 2008. The former Pine Island Lodge building and land was transferred to a community-based organization effective February 2008.
- Functional programming and concept design for the replacement of Saskatchewan Hospital North Battleford (SHNB) is 98% complete. A final functional program and concept design report is expected in the summer of 2008. Ministry approval is required to proceed to the next phase of planning which is detailed design work. PNHR expects to be able to proceed with that phase in early fall 2008. The project is roughly one year behind schedule with completion targeted at 2012 rather than the initial goal of 2011.
- Northland Pioneers Lodge, Meadow Lake remains a high priority on Prairie North's capital infrastructure list. The Region has submitted a project brief to the Ministry of Health for approval to proceed toward planning for replacement of the Lodge.
- Efforts to maintain the structural integrity of Lloydminster Hospital focused on building envelope renovations in 2007-08. The functional program and master plan for the hospital was completed early in the operating year and will provide a road map for expansion and redevelopment of the hospital to meet increasing service demands of a rapidly expanding Lloydminster and area population. The report was released to the public in November 2007.
- PNHR supported development of a much-needed 60-unit Supportive Housing complex at Lloydminster. The project is that of East Central Health and Points West. Construction began in October 2006 with occupancy scheduled for May 2008. The Complex will be operated by Connecting Care which manages supportive living facilities and services throughout Alberta.

- Functional programming for replacement and redevelopment of Dr. Cooke Extended Care Centre in Lloydminster was completed in 2007. The report calls for construction of a new 60-bed DCECC on a new site in Lloydminster, replacing the original 55-bed wing built in 1972. The remaining 50-bed DCECC wing built in 1992 would be upgraded and expanded. The report was submitted to Alberta Health and Wellness/Alberta Infrastructure for funding consideration. On January 29, 2008, the Alberta government announced that East Central Health would receive \$40 million to construct a new 60-bed long-term care facility on a new site, replacing the older DCECC wing. Construction is expected to commence in spring of 2009.
- The Battlefords Union Hospital process redesign exercise is 95% complete. The final report will guide planning for existing program requirements and any future enhancements.

Capital Equipment and Technology

Prairie North faces ongoing pressure to update and replace a variety of equipment at virtually all of its sites and programs. The risk is to patient and staff safety, and speaks to the Region's ability to maintain and improve quality of care and service, and the ability to keep pace with technological advancements to provide patients with the most current services and procedures we can. Prairie North continually works to upgrade basic equipment and to remain current with new technologies and systems.

To reduce these risks, Prairie North maintains a Capital Equipment Plan that identifies multi-year priorities for all programs and sites. The priorities are reviewed and updated annually, as items are acquired and crossed off the list, or as other items require replacement on an emergency basis. The Plan helps the Region maintain its programs and services with little or no interruption.

The Region budgets a designated amount of funding on an annual basis to address the priorities of the plan. In 2007-08, the amount was just under \$5.2 million. Sources of funding included Saskatchewan Health, PNHR's capital reserve and 2006-07 surplus, and East Central Health; plus major contributions from the Region's Foundations, Trust Funds, Auxiliaries, and communities. Prairie North Health Region is deeply grateful for these significant financial commitments. Fostering and maintaining positive relationships with these organizations is vital to this ongoing support and the Region's ability to address its capital equipment risks.

In 2007-08, the emphasis in capital equipment was on patient and staff safety through purchase of electric beds, pressure reduction mattresses, tubs and lifts, and critical care monitors. Installation of a new nurse call system was completed at Maidstone Health Complex, and was started at North Battleford's River Heights Lodge.

The Region's Biomedical Engineering Program, begun in 2005-06, is working to reduce the outsourcing of medical equipment repairs and service contracts, providing timely and cost-effective maintenance and repairs. Preventative maintenance is a cornerstone of the program to ensure proper functioning and prolong the useful life of the equipment, and to enhance patient and staff safety.

The proliferation of Information Technology (IT) systems required for optimal program functioning, mandated monitoring and reporting, and integrated systems development also represents a significant risk to the organization. Prairie North is challenged to keep pace with implementation of the many emerging technologies, systems and programs, and with the personnel resource requirements necessary to carry out these initiatives. The new technology is expensive and never-ending, while the financial and human resources to pay for and manage it are scarce. The Region strives to balance IT priorities through a systematic multi-year plan and participates at a provincial level to stay abreast of pending and anticipated change.

Prairie North participates wherever possible with the province and other Saskatchewan health regions in group purchasing to achieve best prices and make the best use of finite financial resources.

Our Region

Prairie North Health Region covers a large and geographically diverse area in the northwest part of central Saskatchewan. Key industries are oil and gas, agriculture and related service sectors, forestry, tourism and recreation.

Economically, the western part of Prairie North, especially around Lloydminster, is vibrant and growing, with significant oil and gas exploration and development. The northern section around Meadow Lake is bustling with activity in forestry and related industries. The southern and eastern parts of the Health Region are primarily agriculture and service industry based. The central areas of the Region abound with a combination of these activities.

Prairie North is home to Canada's only border city: Lloydminster, Saskatchewan/Alberta. This presents unique considerations and challenges for the management and provision of health services to people living under differing provincial jurisdictions.

Prairie North is the only health region in Saskatchewan that is home to two regional hospitals: Battlefords Union Hospital in North Battleford, and Lloydminster Hospital on the Saskatchewan side of Lloydminster. This too presents special dynamics in balancing priorities and resources to ensure both sites fulfil their potential as regional health centres.

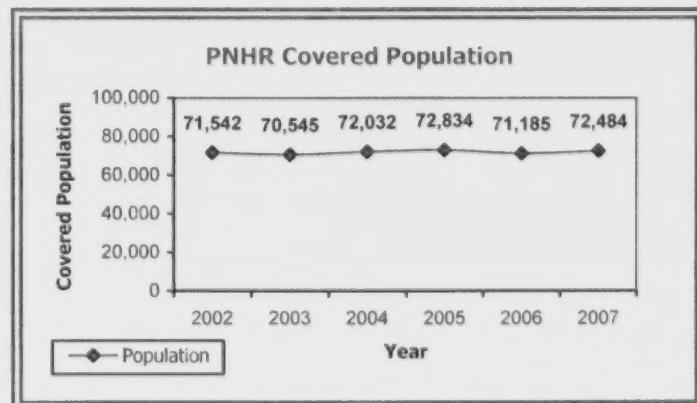
Saskatchewan's only provincial psychiatric rehabilitation hospital – Saskatchewan Hospital North Battleford – is located in Prairie North Health Region. SHNB, as it is known, is home to the province's Forensic Services program.

Population Demographics

To meet the health needs of our residents now and into the future, we must understand our population: who our residents are, where they live, their age, their gender, and more. In the case of Prairie North Health Region, we must pay particular attention to the significant Aboriginal population, as we strive in partnership with First Nation communities and agencies to address their health care needs and the factors that influence health.

According to the June 30, 2007 Saskatchewan Health Covered Population figures, our province's total number of residents increased by 1.14%, compared to figures at June 30, 2006. According to the same data source, Prairie North Health Region's total population was up as of June 30, 2007, by 1.83%, to 72,484 from a year earlier. Over time, Prairie North's population has been slowly increasing since 2003, as the graph on the right depicts.

The totals do not include the population in and around Lloydminster on the Alberta side of the border.



Source Data: Saskatchewan Health Covered Population
2007, 2006, 2005, 2004, 2003, & 2002

Prairie North's population remains at over seven per cent (7.14%) of the province's total and is the fourth highest of Saskatchewan's 13 health authorities.

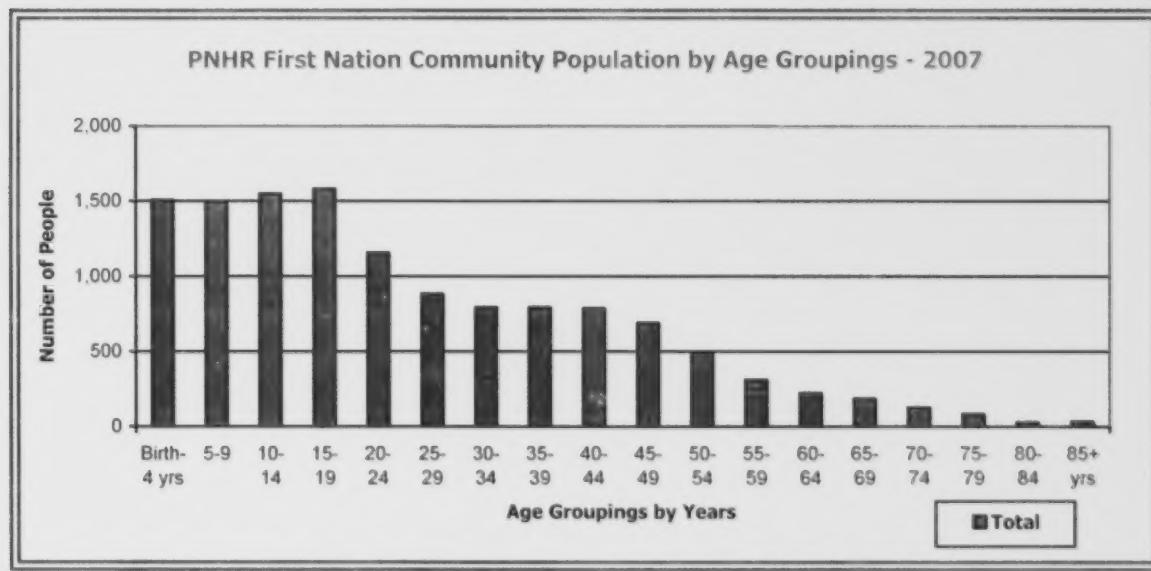
Similar to the province as a whole, PNHR's population is divided almost equally between males (50.35%) and females (49.65%). Nearly half of our residents (48.71%) live in the Region's three largest communities of The Battlefords, Lloydminster (SK), and Meadow Lake. Just over one third (33.69%) of Prairie North citizens reside in the Region's towns, villages, resort villages, and rural municipalities. The remaining 17.60% of PNHR residents live in First Nation communities within the health region.

Prairie North has the highest percentage (24.17%) of Registered Indian population (17,520) among the province's 10 southern health regions, according to Saskatchewan Health Covered Population data at June 30, 2007. Only the percentages of the three northern health authorities are greater.

The percentage of Registered Indian residents in PNHR has been steadily increasing since 2003, and is more than twice that of Saskatchewan's total Registered Indian population (10.56%). The province's percentage of Registered Indian people rose by 0.21% from June 30, 2006 to June 30, 2007. PNHR's increased by 0.05%.

The numbers do not include individuals who identify themselves as Aboriginal but who are not Registered Indians. According to Statistics Canada's 2001 Aboriginal Population Profile, the percentage of Prairie North's total Aboriginal population is close to 28 per cent. Newer Aboriginal population data by health region from Statistics Canada's 2006 national survey is not yet available.

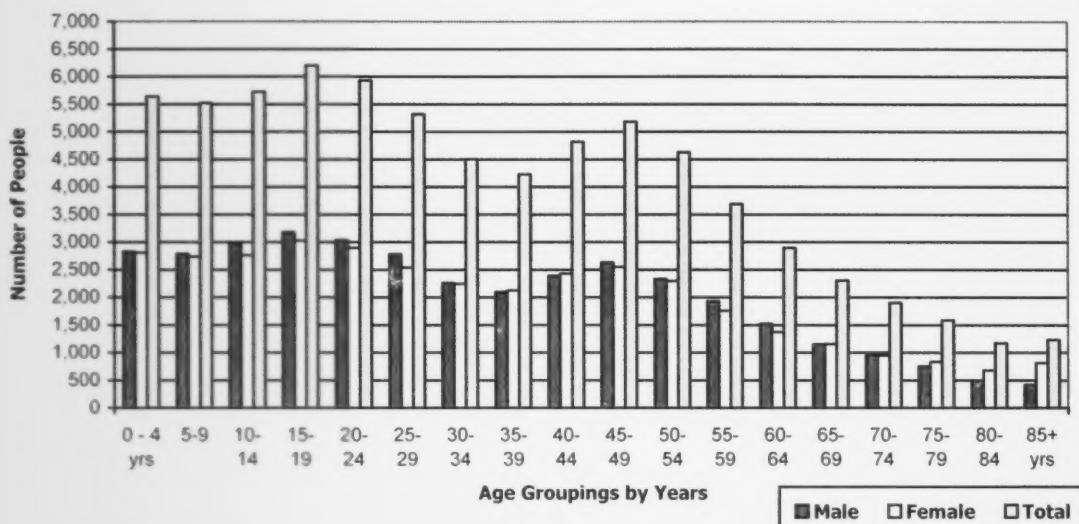
Saskatchewan Health Covered Population statistics allow us to create a snapshot of our First Nations residents by age groupings. The data is important to the current and future development and provision of health services in partnership with our First Nations and overall health region population. The data illustrated in the chart below shows that nearly half (48.14%) of the 12,754 residents who live in First Nations communities within Prairie North Health Region are between the ages of 0 – 19. Forty per cent (40%) are ages 20 – 49. Only 11.86% are 50 years of age and older.



Source Data: Saskatchewan Health Covered Population 2007

Comparatively in the chart on the next page, First Nations communities in PNHR have a higher percentage of people in the 0 – 19 age groups than does Prairie North as a whole (31.85%). A slightly higher percentage of PNHR residents are in the 20 – 49 year age categories (41.37%). The Region has a higher percentage of its population 50 years of age and older (26.78%).

PNHR Total Population by Age Groupings 2007



Source Data: Saskatchewan Health Covered Population 2007

This demographic information is vital to planning and delivery of health services to meet the needs of a young First Nations population, and significant mid to retirement age groups in PNHR as a whole as they move toward and into retirement and their elder years.

Lloydminster

The demographic information discussed thus far in this Annual Report does not include the significant population on the Alberta side of Lloydminster, to which Prairie North provides service.

Lloydminster continues to be a vibrant and rapidly expanding community. The city is experiencing growth on both sides of the border and in surrounding areas.

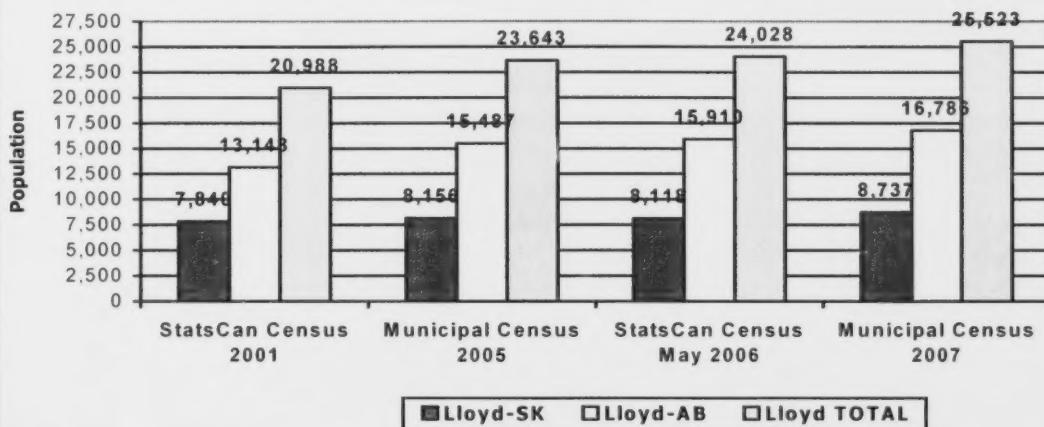
To keep track of its population growth and the implications that growth has on the community, the City of Lloydminster has conducted a second municipal census. The results were released in May 2007 and indicate that Lloydminster's population continues to climb, as illustrated in the table on the following page.

The 2007 Lloydminster municipal census records a 21.6% increase in the city's total population over the 2001 Statistics Canada data. Dividing the city by province, the municipal census shows an 11.4% population rise during the same period for the Saskatchewan side of Lloydminster. The city's population on the Alberta side has risen by 27.7% over the same time frame.

Year over year, comparing the 2006 Statistics Canada Census with the 2007 Lloydminster municipal census, the population increases are 6.2% for the city as a whole; 7.6% for the Saskatchewan side of Lloydminster; and 5.5% for the Alberta side.

Lloydminster municipal census 2005 to municipal census 2007 records a 7.95% increase in population for the entire city; 7.12% for the Saskatchewan side; and 8.39% for the Alberta side.

Lloydminster Population Growth 2001 - 2007



When considering the population served by Prairie North Health Region relating to the Border City, the rural area surrounding Lloydminster and the significant "shadow" population in and around the city on both sides of the border must also be included. It is difficult to put a total figure on the Lloydminster service area population, depending on how that service area is defined. The population could range from roughly 37,000 to nearly 96,000, according to the June 2007 Functional Program and Master Plan for Lloydminster Hospital. The shadow population is even harder to determine, consisting of individuals who work in the community and area during the week and access health services at Lloydminster, but who have permanent addresses elsewhere.

In planning for and delivering health services to Lloydminster, factors beyond its rapid growth must also be taken into consideration. The age of its population is one such element. According to the 2007 Lloydminster municipal census, 51% of its residents are between the ages of 20 – 49; nearly a third (27.8%) is between 0 to 19 years of age; and the remaining 21.2% is 50 years of age and older.

In comparison with statistics noted earlier in this report, Lloydminster has a lower percentage of residents age 50 years and over than does Prairie North as a whole (21.2% compared to 26.78% for PNHR). Lloydminster has a greater percentage of residents in the 20 – 49 year age groups (51% compared to 41.37% for PNHR). The percentage of Lloydminster residents in the 0 – 19 years age groups is slightly less than PNHR as a whole (27.8% compared to 31.85% for PNHR).

External Influences on Prairie North Health Region

Saskatchewan's emergence as a 'have' province and its accompanying population growth are key factors that help shape Prairie North's priorities and strategies. Over the past year, Saskatchewan has continued to be among Canada's leaders in population and economic growth. As that trend continues, demands on and expectations of the province's health system continue to expand.

Northwest Saskatchewan, including Prairie North Health Region, is one of the drivers of the province's prosperity thanks to the area's oil, gas and agricultural resources. As people flock to the northwest to take advantage of the many development, employment, and business opportunities that abound, the demands on Prairie North's health services and facilities increase. The Region must be mindful of these pressures, particularly in and around Lloydminster, where the bulk of the population growth is being experienced.

Rising economic prosperity and the abundance of well-paying jobs in the oil and gas sector in Saskatchewan and Alberta makes it difficult for Prairie North to compete for a variety of support workers beyond the traditional hard-to-recruit health professionals. In The Battlefords in particular, the Region has been able to tap in to an expanding immigrant community to help fill support positions. The Region is anticipating arrival of 21 registered nurses recruited from the Philippines in 2007-08 to fill vacant nursing positions in the Region. A challenge for PNHR is to further prepare its workplaces to be welcoming, sensitive and supportive to the cultural diversity of its expanding workforce. The Region must work with its communities to achieve these same goals in order to help retain these new employees/new residents of our villages, towns and cities.

Of course, Prairie North must continue its work toward cultural awareness and inclusion of its growing Aboriginal population in the Region's mandate to achieve a representative workforce. The Aboriginal demographic is an opportunity for Prairie North and the entire province to help meet its demand for human resources.

Securing the services of trades people and contractors to take on capital projects remains a significant challenge due to the strong economies in Saskatchewan and Alberta. Costs for projects rise quickly and substantially as demands for materials and workers force prices and wages higher. These considerations factor in to Prairie North's capital purchases and project plans.

Changes already made and others pending for the health system in Alberta have the potential to significantly impact the services and operations of Prairie North Health Region. In late July 2007, the governance and administrative structure of PNHR's partnering health region for Lloydminster – East Central Health – was significantly altered. As a result, Prairie North was unable to proceed as planned in 2007-08 with its 10-bed expansion of acute care services at Lloydminster Hospital, and enhancements to public health nursing and chronic disease management services. The expansion plans are targeted for implementation in 2008-09.

Additionally, the changes resulted in a period of uncertainty for Prairie North Health Region and residents of Lloydminster regarding the prior commitment of ECH for required financial resources to meet existing levels of service provision for the Border City. By year end, that commitment was fulfilled, however, a feeling of unease remains among community leaders in Lloydminster as to what the future might hold for the governance and delivery of health services for the city.

Going forward, more changes to Alberta's health system along with new policies, procedures and regulations will challenge PNHR's ability to meet those demands for Lloydminster. New Alberta regulations around infection control and continuing care standards, and new critical incident reporting legislation have complicated reporting expectations for Prairie North. Clarity is required to ensure PNHR is working with a consistent, single set of rules, regulations, service provision and reporting requirements on both sides of the border.

Government changes in Alberta and Saskatchewan also influence Prairie North Health Region's planning for capital projects to redevelop Lloydminster Hospital and replace Saskatchewan Hospital North Battleford. The new administrations need time to review and revise such capital projects to align with their visions and priorities.

Challenges being faced by neighbouring health regions and communities to the north have influenced Prairie North in the past year. PNHR has been called upon to provide administrative support, as well as information technology support for Keewatin-Yatthe Health Region. Additionally, as northern communities struggle to maintain patient/client services due to human resource limitations, residents of those communities turn to nearby centres such as Meadow Lake for health care services. This pattern impacts Prairie North's ability to provide service and must be taken into account in planning and resource allocation as the trend continues.

The Health Region is also influenced by the accreditation and growing national and provincial focus on safety, requiring expenditure of greater time and resources on infection control, medication reconciliation, and required organizational practices (ROPs), to name a few. Additionally, requirements under collective bargaining agreements along with provincial initiatives such as mentoring projects and retention proposals have the potential to influence the Health Region's priorities and allocation of time and resources.

Health Status and Outcome Indicators

Health Status and Outcome Indicators provide a broad view of the health of Prairie North's population. Many factors influence a population's health, including education, employment and income levels, where we live, the state of our environment, our genetics, our relationships with friends and family, and more.

A health region's role in influencing and determining the health status of its population is limited but important. As Prairie North's Vision of "Healthy people in healthy communities" indicates, the Region strives to improve the health of its population. We must monitor and report on health status and outcome measures to help us establish our direction and priorities in moving toward our Vision.

This year's PNHR Annual Report focuses on health status and outcome indicators where new data is available over that presented and discussed in the previous two years' reports. New data is not available each year for every indicator.

For information on PNHR's overweight and obesity rates, physical activity levels, and self-rated health status, please refer to Prairie North's 2006-2007 Annual Report.

For information on infant mortality, and on life expectancy at birth and at age 65 years, please refer to Prairie North's 2005-2006 Annual Report.

These measures help us identify areas of concern, anticipate health needs, plan for services and programs, and target initiatives to improve the overall health of our population.

Diabetes Prevalence Rate

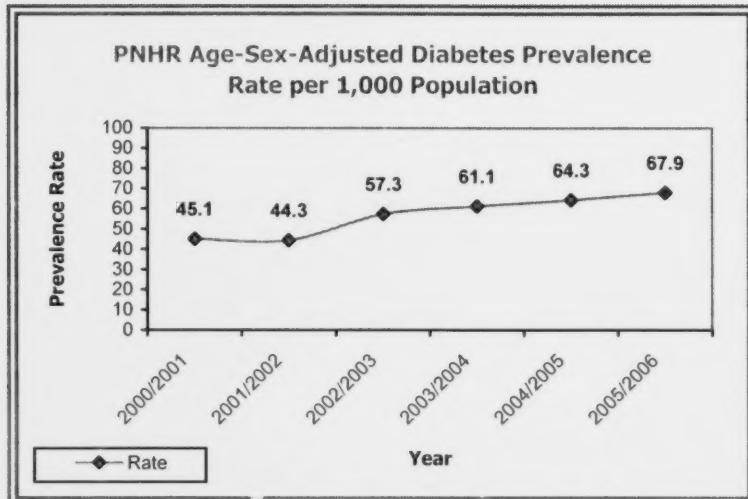
Diabetes is a progressively debilitating disease associated with several other comorbidities or chronic disease complications, including limb losses through amputation. Diabetes carries high utilization costs and quality of life implications.

Incidence and prevalence of diabetes tends to increase with age. Individuals who have diabetic first-degree relatives tend to carry a higher risk of developing diabetes than those without. Individuals with long-standing obesity are at high risk of developing diabetes. A high carbohydrate, high fat and low fibre diet could also predispose individuals to diabetes. Sedentary lifestyle in combination with other factors is also associated with high risk of developing diabetes. Other risk factors toward diabetes include smoking, alcohol, hypertension, heart disease, gestational diabetes and stress.

First Nations and non-Caucasian individuals have a higher risk of type II diabetes than Caucasians. The risk is reversed in type I diabetes. Sex-specific diabetes prevalence rates are generally higher in males than in females, especially in type II diabetes.

According to the latest statistics from Saskatchewan Health, Prairie North continues to experience an increase in the prevalence rate of diabetes. Prevalence rates indicate the number of individuals per 1,000 people who have a certain condition. The age-sex-adjusted rate takes into account differences in age and sex distributions between Saskatchewan's 13 health authorities.

Prairie North's age-sex adjusted diabetes prevalence rate remains third highest in the province, where it has been for each of the six years identified.



High or rising diabetes prevalence rates put pressure on the health system to increase health services related to the disease, including chronic disease management, diabetes education, renal and cardiac care. Additionally, strategic direction must focus on reducing the risk factors for diabetes such as obesity, physical inactivity, and nutrition. With Prairie North and Saskatchewan's growing First Nations population and the propensity for diabetes to afflict Aboriginal peoples, the necessity exists to work ever more closely with First Nation communities to deal with the risks and results of the disease for this significant sector of our citizens.

Injury Hospitalization Rate

Injury is the leading cause of childhood death in Canada, and is a leading cause of hospitalizations among Saskatchewan children. According to the Canadian Institute of Child Health, Saskatchewan had the highest provincial rate of hospitalizations in 1996 due to injury, for children and youth ages 0 to 19 years. Population health strategies have shown that injury prevention is possible, if it focuses on the risk factors involved. For example, targeting rural areas for increased awareness regarding farm injury can help reduce those injuries.

Injury to children and youth can result in life-long disabilities, or even death. Injury has the potential to impact on other health status indicators including potential years of life lost, mortality rates, disability-free life expectancy, and life expectancy. Indirectly, injury may also contribute to other indicators such as depression rates or obesity rates.

As the graph on the following page illustrates, Prairie North Health Region's injury hospitalization rate for children and youth has been gradually increasing for females, as had been the case for males. However, in 2005-06, the injury rate for males ages 0 to 19 years fell sharply to 8.6 from 10.5 in 2004-05. No specific reason can yet be cited for the decrease. Continued monitoring over the next couple of years will help to determine if this is indicative of a trend.

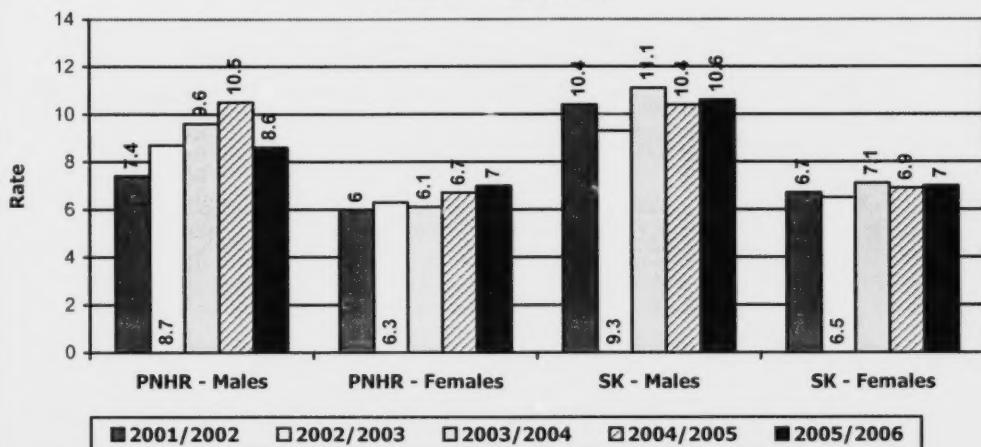
In comparison with the provincial rates for 2005-06, the injury rate for males in PNHR is now below the Saskatchewan rate which has increased to 10.6. The Region's injury rate for females is on par with the provincial mark which rose slightly.

Compared with the injury hospitalization rates for Saskatchewan's other 12 health authorities, Prairie North has the second lowest injury rate for males and the fourth lowest rate for females.

Consistent with the provincial trend, injury hospitalization rates for children and youth in Prairie North remain higher for boys than girls.

Prairie North continues to focus on injury prevention through partnership initiatives including child safety seat and bicycle safety clinics.

**PNHR Injury Hospitalization Rate per 1,000 Population
(Ages 0 - 19 Years)**



Source: Saskatchewan Health

NOTE:
The source documents used by PNHR in creating the summary of health status and outcome indicators are prepared by Saskatchewan Health. They are: Performance Management Accountability Indicators (May 30, 2007); and Performance Management Accountability Indicators Data Tables (May 30, 2007). Please refer to the Source documents for details on the indicators, calculations, and methodology.

Emerging Health Issues

West Nile Virus

The summer of 2007 saw the highest number of human cases of West Nile virus (WNV) in Saskatchewan and in Prairie North Health Region since arrival of the virus in the province in 2003.

West Nile Virus Human Cases

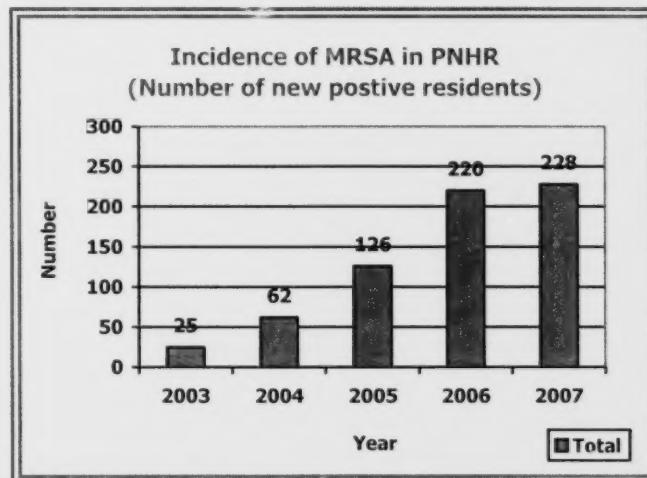
	2003	2004	2005	2006	2007
PNHR	15	0	0	2	60
Saskatchewan	947	5	60	20	1,436

Saskatchewan's West Nile Virus Coordinator and Entomologist assessed the 2007 West Nile virus season as follows: "A warm winter that favoured survival of over-wintered adults, abundant habitat and warm temperatures in the spring, and a hot July provided optimal conditions for the development of *Culex tarsalis*, the main mosquito vector of West Nile virus (WNV). West Nile activity was widespread throughout the entire agricultural portion of Saskatchewan in 2007. However, there were higher levels of activity and mosquito numbers in southeast, east central and central parkland areas."

In 2008 and beyond, weather conditions will continue to be the main driver for mosquito development and WNV activity. Mosquito control and use of personal protective measures are effective in reducing the infection rate. PNHR remains an active participant in the surveillance and prevention efforts for WNV in Saskatchewan.

MRSA

Methicillin resistant staphylococcus aureus (MRSA) is an antibiotic resistant bacteria that has been present in Saskatchewan for many years. MRSA was seen primarily in hospitals until about six years ago when new strains began to appear in the community. 'Community-associated' MRSA was first detected in northeastern Saskatchewan and has moved across the northern parts of the province. In the past one to two years, a new strain of MRSA has entered Prairie North Health Region from the west. Extra attention is being placed on infection prevention and control, and antibiotic prescribing practices to try to control MRSA and other antibiotic resistant organisms both in hospital and in the community.



Institutional Outbreaks

Outbreaks of infectious disease are uncommon but have always occurred in health care facilities. Following outbreaks of gastrointestinal illness in North Battleford and respiratory disease (SARS) in Ontario a few years ago, the Saskatchewan Ministry of Health directed that all outbreaks must be reported. Health care facilities were provided with guidelines to help determine the source of the outbreak and to limit the spread of infection as quickly as possible in order to minimize illness and deaths of residents, patients and staff. Following an outbreak, public health and infection prevention and control staff lead a session with facility staff to look at 'lessons learned' to try to prevent future outbreaks and improve response when outbreaks do occur.

Outbreaks in PNHR Facilities				
	2004	2005	2006	2007
Enteric (GI) Infection Outbreaks	6	2	5	6
Respiratory Infection Outbreaks	0	2	3	1
TOTAL	6	4	8	7

2007-08 Results at a Glance

This section highlights the significant events and accomplishments of Prairie North Health Region over the 2007-08 operating year, including performance, strategic, operational, and financial goals. Following is a summary of the highlights of the past year. They, along with some of the challenges that kept us from reaching all of our goals for 2007-08, are discussed in more detail in the Performance Results section which immediately follows.

Goal 1 — Improved Access to Quality Health Services

- Established a major new Primary Health Care site in North Battleford, increasing the percentage of PNHR's population with ready access to primary health care teams to 28.96%.
- Exceeded all provincial targets for completion of surgical cases within the time frames set by Saskatchewan Health and for the actual number of surgeries performed in the Region in 2007-08.
- Conducted 5,646 CT scans in the past year, exceeding the target by 3.6%.
- Began Regional full-time resident ophthalmology services in PNHR in June 2007, and added a third general surgeon to the Lloydminster Hospital surgical program.
- Introduced first-for-Saskatchewan use of nurse practitioner with advanced emergency training into acute care setting July 16, 2007 in Emergency Department at Battlefords Union Hospital.
- Increased by 54% the number of patients who accessed specialist services through Telehealth in PNHR in 2007-08.
- Introduced three significant pilot projects – Tele-Mental Health, Stroke Strategy, and Project Intercept – that utilize the Telehealth network to improve access to service.
- Officially opened new Robert Simard Social Detox Unit at Northwest Health Facility in Meadow Lake June 1, 2007.

Goal 2 — Effective Health Promotion and Disease Prevention

- Implemented Regional Healthy Food Policy in October 2007.
- Enhanced postnatal support and lactation support programs to meet growing demands for service due to increasing population.
- Strengthened Regional Infection Prevention and Control Program and began participation in provincial program with hiring of Infection Control Coordinator for the northern half of Saskatchewan, including Prairie North Health Region.
- Awarded funding to five projects under the Region's new Community Grant Program in support of projects focusing on healthy living for children and families.
- Organized and hosted two Networking/Planning Days with representatives of First Nations and Aboriginal organizations and agencies toward development of a major funding proposal under the Aboriginal Health Transition Fund.

Goal 3 — Retain, Recruit and Train Health Providers

- Secured three grants for staff proposals under the provincial Health Workforce Employee Retention Program.
- Recruited 76 employees under the Region's recruitment incentive program.
- Implemented a new Ability Management: Standardized Medical Certificate policy and process.
- Participated in a provincial recruitment trip to the Philippines and recruited 21 registered nurses.
- Submitted and received approval through SAHO under the federal HRSDC Workplace Skills Initiative to participate in Career Pathing Pilot Project for Prairie North.
- Developed and launched new Regional three-year Staff Development Plan in September 2007.

Goal 4 — A Sustainable, Efficient, Accountable & Quality Health System

- Achieved Accreditation with Reports status from the Canadian Council on Health Services Accreditation following a successful survey June 10 – 15, 2007.
- Established and began implementation of Continuous Safety and Quality Improvement Plan for the Region.
- Rolled out new Client Occurrence/Safety Report for use throughout the Region.
- Completed construction of Maidstone Health Complex in February 2008, replacing Pine Island Lodge long-term care home with new integrated facility co-locating all Maidstone health services at one site.
- Progressed to 98% completion of functional program and concept design for replacement of Saskatchewan Hospital North Battleford. Report and plans shared with SHNB residents, staff and the general public at meetings in September 2007. Response to the information was very positive.
- Completed and released functional program and master plan for expansion and redevelopment of Lloydminster Hospital and functional program for replacement and redevelopment of Dr. Cooke Extended Care Centre in Lloydminster.
- Decanted several non-clinical services to new community site from Lloydminster Hospital to return hospital space to patient care.
- Prepared and submitted project brief to Ministry of Health for replacement of Northland Pioneers Lodge in Meadow Lake.
- Developed and rolled out new Regional Ethics Consultation Policy, posters and brochures to staff and clients.

Financial Summary

- Concluded the 2007-08 operating year with a \$620,306 deficit, representing 0.4% of the Region's operating expenditures.
- Due to the operating deficit, PNHR's working capital position declined in 2007-08 to 6.0 days.
- Remained within the provincial target of 5% of total operating expenses for expenditures on program support/administrative services.

2007-08 Performance Results

Prairie North Health Region embraces the opportunity to be accountable through the Annual Report for the initiatives we pursue, the dollars we spend, and the results we achieve. The information which follows demonstrates our accountability and communicates our progress toward our goals.

Each spring through annual plans and budgets consistent with our Strategic Plan, Prairie North sets out a series of activities and initiatives to help us move further toward achieving our Goals. The Goals are directed toward actualizing our Vision of "Healthy People in Healthy Communities."

As we implement the elements approved in the annual Operating, Capital Management, and Capital Equipment Plans and Budgets, and the numerous program plans, we monitor our progress and make adjustments required along the way. As we prepare the coming year's plans and budgets, we assess the degree to which we've been able to meet our annual plans in accordance with our Strategic Direction. Only by monitoring and assessing where we are can we tell how far we have come, and how far we have yet to go.

The results are used to help us map our priorities for the coming year and years ahead, in the overall context of our Strategic Plan. Adjustments are made to accommodate competing or changing priorities. The Strategic Plan itself is reviewed and revised to provide the overall direction for the annual plans.

All of this is done in collaboration with Saskatchewan Health and in concert with the funding dollars provided through government. We monitor our progress and evaluate the results so that all of our stakeholders can assess our success. That success is measured not only in terms of whether we initiated or completed what we said we were going to do but, more importantly, that our actions and initiatives have a positive impact on the health of our patients and communities, and on the care and service we provide.

Goal 1 — Improved Access to Quality Health Services

Improving access to quality health services is first and foremost about the patients, residents and clients we serve. It is about providing individuals with the care they need when they need it, in as timely a fashion and as efficiently and effectively as possible, by the right health professional or team of health professionals, with the right skills, expertise, and equipment, and in the most appropriate location. It is also about that service being the best we can provide with the resources we have. The client is the focus.

Most often, enhancing access equates to improving the way we provide service; targeting specific issues, areas, and opportunities; and integrating our expertise through teams and collaboration. Ensuring quality focuses on meeting or exceeding professional standards, and using best practices in all that we do.

Prairie North Health Region continued to make significant progress in 2007-08 toward reaching our Goal of Improved Access to Quality Health Services. We did so through focus on the Primary Health Care agenda and creating opportunities for expansion and growth. We refined our delivery of services and care to meet ever increasing demands. We sought and implemented creative solutions to challenges, making us a leader in innovative approaches to care delivery. We continued to emphasize collaboration and team approaches to better coordinating, planning and delivering services to patients and clients.

Primary Health Care

Prairie North Health Region is committed to maintenance and expansion of Primary Health Care services and the Primary Health Care model with the individuals, families, communities and populations we serve.

The Region was successful in 2007-08 in increasing the percentage of its population with access to primary health care teams and services, with opening of a major new Primary Health Centre in North Battleford. The Centre co-locates a primary health medical clinic offering the services of a maximum seven physicians and three registered nurse/nurse practitioners; a full range of population (community/public) health services; a community-based collection site for laboratory work; and the Region's Primary Health Care program.



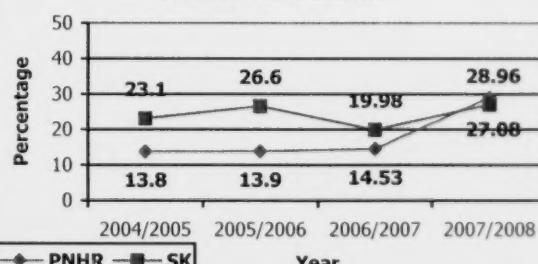
The Battlefords Primary Health Centre opened its doors to patients and clients on July 23, 2007 and was officially opened on September 17, 2007. The Centre is a highly accessible, functional, modern environment for clients and health care professionals. It integrates a broad spectrum of client and patient services at a single location, improving access and service for members of the public. Response to the new service and surroundings has been overwhelmingly positive from clients and staff. By the end of March 2008, the Centre was functioning with its full capacity of seven physicians and three nurse practitioners, and

had taken on 322 new patients over and above the individuals who were already patients of the physicians who initially joined the Primary Health Centre clinic.

The chart to the right shows the increase in the percentage of PNHR residents now with ready access to Primary Health Care Teams (28.96%). Opening of The Battlefords Primary Health Centre is the reason for the improvement in numbers. Prairie North now exceeds the provincial level of 27.08%. The provincial target was 25% of Saskatchewan residents with access to primary health care teams by 2006, and 100% by 2011.

Opening of the new Primary Health Centre also achieved a significant jump in 2007-08 in the number of discrete clients served by PHC teams in Prairie North. Discrete clients are the patients of the primary health care team within the health region. The table below shows the jump in numbers of discrete clients following opening of the new Primary Health Centre. This is the second year of reporting for this indicator, so comparative numbers for previous years are not available.

Percentage of RHA Population with Geographic Proximity to Primary Health Care Teams



Number of Discrete Clients Receiving Primary Health Services in PNHR

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2007/2008	2,551	2,190	5,257	5,597
2006/2007	2,465	2,107	2,399	2,173

Another component of Primary Health Care services is the Saskatchewan HealthLine system that provides all Saskatchewan residents with 24-hour access to free health information and advice. Prairie North residents are strong users of the Healthline network, as the numbers in the following table illustrate. This may be due in part to wider knowledge and acceptance of the service due to existence of a similar service in Alberta. Residents of Lloydminster SK have access to Alberta's HealthLINK system which began operation prior to HealthLine. Conversely, Lloydminster AB residents can access Saskatchewan's HealthLine. Data is not available as to the number of calls from Prairie North residents to HealthLINK.

Number of Persons Receiving a Service from HealthLine in PNHR – 2007/2008				
Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
2,411	2,572	2,711	2,676	10,370

Prairie North accounts for 8% of the total number of persons (128,627) who received a service from HealthLine in the past year. PNHR continues to promote use of HealthLine through its publications, advertising, websites and other venues.

Chronic Disease Management

Prairie North Health Region remains an active participant in the Health Quality Council's provincial Chronic Disease Management Collaborative (CDMC) to improve the coordination and management of care and services for individuals with diabetes and coronary artery disease.

Eleven PNHR physicians – one more than in the previous year – and 25 PNHR staff including nurse practitioners, diabetes educators, occupational therapists, and the Region's new Chronic Disease Management Collaborative Facilitator are participating in Wave 2 of the Collaborative that began in November 2006 and continues until March 2009. More than 1,050 clients are involved in the Collaborative, aimed at improving patient care.

PNHR began a pilot project in October 2007, hiring chronic disease clinical nurse educators. The goal of the project is to introduce cardiac/diabetes education services in our rural communities, and to establish cardiac education services in our larger centres of Lloydminster, Meadow Lake, and The Battlefords. Along with the Region's diabetes nurse educators, these staff provided education and support services to 1,468 people with diabetes and 285 people with cardiac issues.

Prairie North is participating in the Live Well™ With Chronic Conditions program which teaches individuals to take control of their chronic illness. The program is designed for people with chronic diseases or conditions including chronic pain, arthritis, diabetes, heart disease, lung disease, Parkinson's disease, stroke/spinal cord injury, osteoporosis, multiple sclerosis, and kidney disease, as well as others. Most of the year was spent organizing and presenting the program. The Region has trained 14 volunteer leaders who co-lead six sessions including symptom management, communication skills, relaxation techniques, goal setting and problem solving. A total of 29 clients have taken at least one of the sessions.

Wait Lists

A) SURGICAL SERVICES

Prairie North Health Region provides surgical services in accordance with the provincial framework, policies and procedures of the Saskatchewan Surgical Care Network (SSCN), including monitoring and tracking of patients and managing to ensure they receive care according to their level of need and within the province's target time frames for surgical services. This process is the Saskatchewan Surgical Patient Registry in which Prairie North participates.

As it has since the indicator was established in 2004-05, Prairie North has again exceeded the targets for completion of surgical cases within the time frames set by Saskatchewan Health. To residents of PNHR, this means minimal delays are experienced in accessing the surgical services available at the three surgical sites in PNHR - Battlefords Union Hospital, Lloydminster Hospital, and Meadow Lake Hospital.

The table which follows outlines PNHR's success in achieving these provincial targets since 2004-05. The targets for the province as a whole were revised in 2006-07 from levels of previous years.

Percentage of Surgical Cases
Completed within Target Time Frames - PNHR

	Priority Level I (Within 3 Weeks)		Priority Level II (Within 6 Weeks)		Priority Level III (Within 3 Months)		Priority Level IV (Within 12 Months)	
2004/2005	*81.4%	SK Target	*77.1%	SK Target	95.9%	SK Target	-----	SK Target
2005/2006	*98.3%	-----	*93.9%	95%	*97.6%	80%	100%	80%
2006/2007	*98.4%	95%	*96.7%	90%	*98.7%	90%	100%	90%
2007/2008	95.4%	95%	92.9%	90%	96.5%	90%	100%	90%

Please Note: Surgical volumes and therefore their resultant percentages may differ slightly from that reported in last year's PNHR Annual Report due to additions and corrections to the Registry. Percentages that have changed are noted with an asterisk (*) and in italics.

Prairie North Health Region joined the Surgical Registry system in 2004-05. The Region maintains a busy surgical program behind only those of the province's two largest health regions, in numbers of surgeries performed in the past year. Prairie North exceeded the number of surgeries it was to perform in 2007-08 due in large part to the arrival of a resident ophthalmologist in June 2007 and addition of a third general surgeon in Lloydminster in July. PNHR has submitted a proposal to Saskatchewan Health to increase the targeted baseline number of cataract surgeries in 2008-09, to reflect the Region's increased capacity to do these surgeries.

Surgical Cases Performed
In Relation to Surgical Case Targets - PNHR

	Actual Number of Surgeries	Target Number of Surgeries	Variance of Actual from Target	Actual as Percentage of Target
2004/2005	*3,091	-----	-----	-----
2005/2006	*4,353	4,161	+192*	*104.6%
2006/2007	*4,403	4,488	-85*	*98.1%
2007/2008	4,739	4,291	+448	110.4%

Please Note: Actual numbers of surgeries, variances from, and percentages of target may differ slightly from that reported in last year's PNHR Annual Report due to ongoing refinement of the Registry. Figures that are different from those previously reported are noted with an asterisk (*) and in italics.

Even with a busy surgical program, a full complement of surgeons and surgical staff, and available operating room space and time, patients are on waiting lists for surgery at any given point in time. The aim is to manage wait lists as efficiently as possible to reduce the amount of time a patient waits for surgery while managing that surgery according to its level of urgency. As of March 31, 2008 – the end of the 2007-08 operating year – 665 cases were on the surgical wait list in Prairie North Health Region. None of the cases had already waited for 18 months, and none had been on the waitlist for 12 months. A total of 105 cases or 15.8% of the cases had already been waiting more than six months, according to data from the Saskatchewan Ministry of Health Performance Management Accountability Indicators: Data Tables report.

The number of total cases waiting as of March 31, 2008 is a sizeable increase from the 483 on PNHR's waitlist as of March 31, 2007 when only seven (7) or 1.4% of cases had already waited more than six months. As at March 31, 2006, 398 cases had been on PNHR's surgical waitlist, and none had been waiting more than six months. No cases in either of these two years had been waiting 12 or 18 months.

The reason behind PNHR's 2007-08 increase in total cases waiting, and the number and percentage of cases waiting more than six months, is almost entirely due to referral patterns and a change in the Region's ophthalmology program. Nearly all of Prairie North's cases waiting more than six months are for cataract surgery. By increasing the number of cataract surgeries performed in a day, the Region intends to decrease the wait times of cataract patients below the six month mark.

B) DIAGNOSTIC IMAGING

In its second full year of operation of Computed Tomography (CT) services in The Battlefords and Lloydminster, Prairie North Health Region exceeded its targets for number of patients served and number of exams conducted in 2007-08. The Region successfully overcame equipment and technology challenges it faced in bringing the new service on stream in October 2005 in The Battlefords and January 2006 in Lloydminster.

Despite the success of the CT program to date, waitlists for scans are climbing as physicians order an increasing number of CTs rather than other more traditional diagnostic examinations. As referenced on page 13 of this report, the number of general radiography exams has declined in PNHR in the past year mostly due to increasing physician preference for CT diagnostic service. The Region's ability to continue to meet or expand our CT targets remain linked to ongoing retention and recruitment of CT technologists.

Number of Patients as a Percentage of Agreed on Target for CT Services - PNHR

	Patients			Exams		
	Actual Number	Target Number	Actual as % of Target	Actual Number	Target Number	Actual as % of Target
2005/2006	698	1,125	62.0%	813	1,875	43.4%
2006/2007	3,578	*3,830	*93.4%	4,005	*5,450	73.5%
2007/2008	4,876	3,860	126.3%	5,646	5,450	103.6%

The Region experienced turnover in its radiologist ranks in The Battlefords in the past year and continues to recruit for the site as well as for a second radiologist for Lloydminster. In the interim and with the benefit of digital technology, Prairie North was able to have its CT scans read off site.

Staff pressures are impacting general Diagnostic Imaging (DI) services throughout the Region and our ability to maintain 24/7 DI coverage at our rural sites. National shortages of combined laboratory and x-ray technologists (CLXTs) coupled with an aging DI workforce in Prairie North and numerous staff retirements on the three to five year horizon, particularly in PNHR's rural sites, have lead the Region to place CLXTs on its hard-to-recruit list for 2008-09 and beyond. Consistent with the findings of a Regional DI services review in 2005-06, PNHR is considering changes to DI service on a Regional basis in a joint action with Laboratory services in PNHR's rural sites where the two services are integrated. The emphasis would be on the sites offering DI/Lab service on a 24/7 basis.

Plans are in place to expand the hours of operation of the DI department in The Battlefords by adding an evening shift, starting in April 2008. In the past year, the Region increased Ultrasound staffing to address an increasing waitlist for the service. Fluoroscopy services in Meadow Lake have been discontinued due to equipment issues. Plans for replacement will depend on agreements with the province.

Mammography services in the Region were disrupted from November 2007 through the end of February 2008 to facilitate development of a new mammography suite at Battlefords Union Hospital and introduction of a new state-of-the-art digital mammography machine. The project was generously supported by Battlefords Union Hospital Foundation, Saskatchewan Health, and the Region's capital fund. The new mammography equipment and suite enhanced the quality of service for PNHR clients.

Work began in late 2007/early 2008 to develop the infrastructure necessary to accommodate mobile MRI service in Lloydminster. The Lloydminster Region Health Foundation supported the project with \$220,000 toward improvements necessary to provide the service at Lloydminster Hospital. Once operational in Lloydminster in May 2008, the service will be available there on a rotational basis one week in every five. The mobile unit serves four additional sites in Alberta. Prairie North Health Region is pleased to partner with ECH to bring this valuable diagnostic service to Lloydminster and area residents on both sides of the border.

Consistent with the provincial initiative to implement a common shared Radiology Information System (RIS) and Picture Archiving and Communications System (PACS) infrastructure across Saskatchewan, PNHR initiated preparations for introduction of RIS/PACS in late 2007/early 2008. However, delays at the provincial level left the project outstanding for Battlefords Union and Lloydminster Hospitals by the end of the fiscal year. The Region anticipates the equipment and technology to be in place by winter 2008. RIS/PACS will move the two sites in PNHR to a totally digital, filmless diagnostic imaging environment, improving storage, retrieval, and display of diagnostic images.

C) SPEECH LANGUAGE PATHOLOGY/EARLY CHILDHOOD PSYCHOLOGY SERVICES

Prairie North Health Region continues to work toward improving access, and reducing wait lists and times for children in need of SLP and ECP services. In the past year, 2,350 SLP visits were conducted, despite the absence of two of the Region's four paediatric speech language pathologists. Two SLP assistant positions created in 2006-07 following the HQC Technical Efficiency Fund review and recommendations proved invaluable in sustaining services of the SLP program. Temporary services were also obtained from SLPs in the school and private system. The program is working to develop a centralized intake service to further improve access to service.

Nevertheless, wait lists in The Battlefords for SLP service climbed to 153 in the past year due to a staff vacancy. Lloydminster's wait list rose to 74 as staff resources assisted in other parts of the Region. Referrals in Meadow Lake have slowed, with 30 clients on the wait list at the end of the operating year. A review of the wait lists was conducted at the end of March 2008 and aggressive strategies were implemented to reduce the wait lists early in 2008-09.

PNHR's Early Childhood Psychology Program continues to experience pressures due to staffing challenges. A review of the program in March 2007 determined that use of an alternate professional could enhance the program and ensure some level of service in the absence of Early Childhood Psychologists. A psychometrician position was added and is moving into an intake role. This will allow ECPs to focus on clinical work and on education and teaching of professionals, caregivers and parents, enhancing service to clients. In 2007-08, 139 ECP visits occurred and ECPs provided or participated in 78 hours of education and teaching.

Both programs have established what they determined to be reasonable wait times for service. Each program reviews waitlists and employs strategies to manage those waitlists, depending on the cause of the waits. Service delivery models such as treatment blocks, parent groups, and clinic scheduling are adjusted to assist in managing wait times.

Emergency Medical Care

Prairie North Health Region has taken a ground breaking step forward in its ongoing efforts to address nursing shortages in the Emergency Department at Battlefords Union Hospital. The Region is the first in Saskatchewan and the first in Western Canada to introduce the services of a registered nurse/nurse practitioner with advanced emergency training into the emergency department of an acute care hospital.

PNHR took the initiative to recruit the advanced RN/NP in May of 2007. He began providing service in the BUH Emergency Department in mid-July. The position has fit in exceptionally well with the ER team of physicians, registered nurses, licensed practical nurses, and paramedics who provide care to the over 35,000 patients who came to the department for service in 2007-08. The RN/NP has proven to be an asset in seeing patients according to his scope of practice, assisting ER physicians and other members of the ER team, as well as freeing the ER physicians to provide care to the most critically ill patients. Other health regions in the province and across Canada are expressing interest in the initiative with the view to incorporating advanced RN/NP services into their emergency acute care settings.

Prairie North Health Region provides 24/7 emergency medical care through a combination of privately contracted and Region owned/operated ambulance services as identified earlier in this report. Additionally, the Region maintains a comprehensive network of First Responders who provide preliminary emergency care until ambulance personnel arrive, particularly in rural, more remote areas of PNHR. The Region along with its contract ambulance services continues to support the First Responder Program.

PNHR currently has approximately 130 First Responders in 22 communities. First Responder groups are primarily established in communities 30 minutes or more from an ambulance service. In the past year, one First Responder training course was held in the Region, in Turtleford.

In 2007-08 Goodsoil and Dorintosh First Responders acquired automated external defibrillators (AEDs) through community donations. The Battlefords Heartsafe Program continues to expand, placing AEDs in public places including malls, municipal buildings, schools, and the North Battleford casino. The Heartsafe program is a partnership between WPD Ambulance in North Battleford, community partners in The Battlefords, and PNHR.

Specialized Services

A) RENAL DIALYSIS

Prairie North delivers renal dialysis service at its two Regional hospitals. The five-chair satellite unit at Lloydminster Hospital is operated by the Northern Alberta Renal Program, managed by Capital Health Region in Edmonton AB. This unit services people from Lloydminster and area on both sides of the border.

The program at Battlefords Union Hospital is a six-chair satellite of the Saskatoon Health Region Renal Program at St. Paul's Hospital in Saskatoon. The BUH program provides service three days per week and is able to dialyze six people in the morning and six in the afternoon, totalling 12 treatments per operating day.

In 2006-07, PNHR had been looking toward expansion of hours of operation at the BUH dialysis site. Nursing shortages precluded that expansion, and fostered alternate plans for 2007-08 for physical expansion of the space and addition of dialysis chairs that could be managed with existing staffing. The Battlefords Union Hospital redesign exercise coupled with a lower waitlist for the service again put plans on hold. The Region is continuing to monitor the waitlist and consider the dialysis project in the context of the hospital redesign.

In 2007-08, Prairie North again began to explore the possibility of establishing a satellite renal dialysis unit at Meadow Lake. An initial indication of intent was developed for consideration by the Saskatchewan Integrated Renal Program (SIRP) which provides advice to the Ministry with respect to planning for chronic kidney disease services. In assessing the need and location for hemodialysis satellites, geographic access, current and future ability of a potential site to maintain qualified staff, and current and future number of patients to be served are considered.

With the number of hemodialysis patients in Saskatchewan on the increase, the province is considering developing an independent hemodialysis program that would be managed by patients and done at home. Patients would of course have to meet medical criteria to be eligible for such a program, and be appropriately trained to use the equipment. The Meadow Lake proposal is being considered in this context. Decision as to who candidates will be for the independent hemodialysis program will reside with the home dialysis unit in Saskatoon or Regina.

B) TELEHEALTH

Telehealth services in Prairie North Health Region have experienced significant growth in the past year and have exceeded targets set out in the Region/Sask Health Accountability Document 2007-08 for that growth. A total of 197 patients were seen at Telehealth sites in Prairie North in 2007-08, a 54% increase in the number of patients who accessed specialist services through the system over the year prior. The targets were 179 patients equalling a 40% increase over the previous year. Additionally, 398 hours of professional health education were conducted over the system in PNHR in the past year, along with 84 hours of public health education, for a total of 482. The target was 436 hours of professional and public health education attended across the RHA via Telehealth.

The growth in Telehealth usage and demand in Prairie North is due to expanded provision of mental health services via Telehealth from The Battlefords to Meadow Lake and points beyond, and use of Telehealth for the ADAPT orthopaedic outreach initiative.

Use of Telehealth for patient services in PNHR will continue to increase with introduction of three significant pilot projects: Tele-Mental Health, Saskatchewan and Alberta Stroke Strategies, and Project Intercept.

Tele-Mental Health

PNHR is partnering with four other health regions to provide and access mental health consultations and services. In Prairie North, the province provided new equipment and Tele-Mental Health access at Saskatchewan Hospital and the inpatient unit at Battlefords Mental Health Centre. The services/consultations will be provided to patients, families, health care providers and other health regions.

Stroke Strategy

An integrated approach to quicker diagnosis, treatment, and management of stroke has been identified as a priority by Saskatchewan and Alberta. In 2007-08, Battlefords Union Hospital was able to implement the acute care component of stroke management in the ER. One of the current limitations to the initiative is lack of 24/7 access to CT service in North Battleford. Plans are underway to implement primary and secondary stroke prevention programs and enhance rehabilitation services to ensure an integrated approach to stroke care.

In Lloydminster, plans are underway to hire a stroke coordinator to plan and implement the integrated stroke strategy in that community.

Project Intercept

The aim of Project Intercept is to connect rural Saskatchewan hospital emergency rooms to the advanced treatment capabilities and access to specialists in tertiary centres through the use of Telehealth technology. In 2007-08, Prairie North committed to piloting the project along with Prince Albert-Parkland Health Region, using Royal University Hospital in Saskatoon as the tertiary centre. Protocols and processes which will drive the emergency consultation process are being developed. Equipment has been selected for purchase. Training in the protocols and equipment is to occur in the summer of 2008, with implementation in the fall.

Project Intercept is groundbreaking in its design and implementation for Telehealth, shifting from the current scheduled services model to a 24-hour on demand service delivery model. The project will allow patients to be seen via Telehealth from the emergency department at BUH by physicians in Saskatoon.

C) THERAPEUTIC INTEGRATED PAEDIATRICS SERVICES (TIPS)

In its first full-year of operation, Prairie North's TIPS program has been successful in assessing 34 children in 11 clinic days, with six children waiting to be seen. The program was developed in September 2006 to help address the need for specialized services for complex needs children and their families in PNHR. Clinics are held every six months in each of Lloydminster, Meadow Lake, and North Battleford. Regrettably, 10 clinic days have had to be cancelled for a variety of reasons since the program began.

In November 2007, a major workshop on Autism Spectrum Disorders was held, under the initiative and planning of an intersectoral group including the TIPS Team. Further education on autism will be held in the coming year, targeted to parents and other day-to-day caregivers who work with children with autism. Specific training will also be offered by PNHR to staff and other caregivers.

Continuing Care

A) HOME CARE

PNHR's Home Care program provides a broad range of services throughout its rural and urban communities. Service delivery for each client is based on assessed need of the individual. In the past year, Home Care has implemented the MDS-Residential Assessment Instrument (RAI) which identifies the needs and strengths of each client who is applying for either Home Care services or entry into long-term care. For the year ahead, a review of the Regional Home Care program is being conducted to determine the best service delivery model.

B) SUPPORTIVE HOUSING

Prairie North continued to work with East Central Health and Points West Living toward completion of the new Points West Living Lloydminster designated supportive housing complex on the Alberta side of the Border City. The project was undertaken by ECH and Points West. Construction began in October 2006 and is to be complete in April 2008. The complex will be operated by Connecting Care which manages supportive living facilities and services throughout Alberta. The Lloydminster facility's 60 suites can accommodate up to 65 residents. Access for residency in the units will be overseen through Prairie North's Continuing Care single point of entry system. PNHR Home Care will provide some nursing and case coordination services. Operating funds for the supportive housing program flow through Prairie North from ECH to Connecting Care.

C) LONG-TERM CARE

Prairie North Health Region has been challenged in the past year to maintain its long-term care bed complement at its three facilities in The Battlefords. Staffing, workload pressures, and the need for larger rooms to accommodate bariatric residents lead to the closure in 2007-08 of seven beds at River Heights Lodge in North Battleford. Six beds were closed at Battlefords District Care Centre in Battleford, and two beds were closed at Villa Pascal in North Battleford. Some of the rooms were reallocated to accommodate resident care equipment, reducing risk and improving safety for residents, staff and visitors. The reduction in bed numbers has resulted in improved workloads and more timely resident care, and has had little impact on waiting lists in The Battlefords.

In Lloydminster, 10 beds at Dr. Cooke Extended Care Centre have been closed since December 2008 because of a shortage of special care aides. Recruitment efforts are ongoing to secure sufficient staff to re-open the beds on a long-term basis.

Throughout the year, concern remained in Lloydminster over what some residents of the community and area believe is a shortage of long-term beds now and into the future. Prairie North met with and heard presentations from the concerned citizens group. The new supportive housing facility in Lloydminster will augment the services available by adding 60 new units and delaying entry to long-term care facilities.

On January 29, 2008 the Alberta government announced that East Central Health would receive \$40 million to construct a new 60-bed long-term care facility on a new site, replacing the older existing 55-bed wing of DCECC. The project was recommended in the DCECC functional program report.

The recommendation includes incorporation of a Day program to be operated by Home Care and able to accommodate future growth of up to 180 residents. The remaining 50-bed DCECC wing built in 1992 would be upgraded and expanded to include a private family area, staff room, maintenance area, storage and administrative space. Dr. Cooke Extended Care Centre is located on the Alberta side of Lloydminster, is owned by ECH, and is operated by Prairie North.

Provincially over the past year, a standard method was developed for consistently tracking the number of days individuals wait for placement in long-term care facilities and for tracking the number of days clients placed in a long-term care home wait for transfer to the facility of their choice. In PNHR, the average number of days clients waited for placement in a long-term care home ranged from a high of 84.19 days in September 2007 to a low of 36.12 days in March 2008.

D) BEHAVIOUR MANAGEMENT CONSULTANT PROGRAM

PNHR is pleased to function as host Region for the northern half of the provincial Continuing Care Consultant program. The position provides advice and education to staff and families on care plans, modifications and interventions with resident/clients presenting with behaviours that are difficult to manage.

In the past year, the Northern Behaviour Management Consultant served eight health regions including Prairie North and travelled 18,600 kilometers to provide the service. Over 150 contacts were made including site visits, telephone consultations, staff education, family meetings, and consultation reviews.

Mental Health and Addictions Services

Prairie North Health Region maintained its focus in 2007-08 on implementation of its five-year plan for Mental Health and Addictions Services. Highlights of the past year include recruitment of a manager for the Region's Psychiatric Rehabilitation Program, who also functions as on-site manager of mental health and addictions services at Lloydminster. Also in Lloydminster, the Child and Youth Services component of Mental Health and Addictions Services relocated to the Region's new Co-op Plaza site in downtown Lloydminster to improve accessibility at a location that offers other services to children and youth in the community.

As part of a provincial initiative in response to a recommendation from the Children's Advocate, PNHR has enhanced Child and Youth services with an Aboriginal Outreach Worker based in Meadow Lake. Addition of the position has reduced the wait times for child and youth mental health services in Meadow Lake to within the provincial average of two to four weeks.

Inpatient services at Battlefords Mental Health Centre were disrupted from the end of June 2007 until mid-October as a result of serious roof problems following torrential rains last spring. The 22-bed inpatient unit was temporarily downsized to 10 beds and relocated to a vacant ward of Battlefords District Care Centre. BMHC staff and clients were very appreciative of the hospitality, cooperation and support afforded them by the BDCC residents, families, and staff. During the timeframe, the BMHC inpatient unit underwent extensive renovation and repair, creating a more pleasing environment for patients and employees.

Prairie North Health Region joined the rest of the province in implementing a new data collection system for alcohol, drug and gambling services. The Alcohol, Drug and Gambling Information System (ADGIS) is to facilitate collection and presentation of consistent information that is comparable province-wide. Implementation is ongoing, and system and data entry issues continue to be identified and resolved. Due to these issues, the measure of average wait time for admission to alcohol and drug outpatient services for Prairie North is an average of quarterly results for 2007-08, rather than an annual average. According to the data, clients requiring alcohol and drug outpatient services in PNHR were able to access that service in 8.9 days. The wait time is fourth lowest of the province's 12 health regions. Data from previous years is unavailable.

The average wait time for admission to alcohol and drug inpatient services in Prairie North in 2007-08 was 15.2 days. Data collected manually for 2006-07 showed the average wait time at 26 days. Inpatient services in PNHR are provided at the Walter A. (Slim) Thorpe Recovery Centre in Lloydminster.

The average wait time for admission to alcohol and drug long term residential treatment services in PNHR was 24.9 days in 2007-08. Data is not available for the prior year. Long term residential treatment services in Prairie North are provided at Hopeview Residence in North Battleford. Hopeview provides the only 12-week alcohol and drug residential treatment program in Saskatchewan.

The average wait time for admission to alcohol and drug detoxification services in PNHR in 2007-08 was 1.8 days, compared to 3.5 days the previous year. Detox services are available at two sites in Prairie North: the Slim Thorpe Recovery Centre in Lloydminster, and at the new Robert Simard Social Detox Unit in Meadow Lake.

A) ROBERT SIMARD SOCIAL DETOX UNIT

On June 1, 2007, Saskatchewan Health, Prairie North Health Region, Addictions Services staff and clients, along with residents of Meadow Lake and area celebrated official opening of the Robert Simard Social Detox Unit at Northwest Health Facility in Meadow Lake.

The four-bed Unit began operation in February 2007 and provides social detoxification services for clients 18 years of age and over who are deemed medically stable. Clients may stay in the Unit for 4 – 21 days. During this time, clients are expected to become fully physically detoxed, and receive counselling and support to facilitate moving forward in treatment. The program works with other groups, programs, and supports in the community to deliver services in an integrated, holistic manner.

In its first year of operation, the Robert Simard Social Detox Unit served 110 clients and 16 repeat clients. The majority came from Prairie North Health Region, with most others from health regions neighbouring PNHR. The Unit's occupancy rate was approximately 50%.



As part of the Detox Unit opening ceremonies, long time Simard family friend Jackie Joyal (left) presented PNHR VP of Primary Health Services Glennys Uzelman with a plaque on behalf of the Simard family and the late Robert Simard whose name the new Detox Unit bears.

B) SASKATCHEWAN HOSPITAL

Saskatchewan Hospital North Battleford is our province's only specialized psychiatric rehabilitation hospital. It currently functions with 156 beds including a 24-bed Forensic Unit. Service delivery at SHNB includes short term rehabilitation services; forensic services; extended rehabilitation services; respite, assessment and consultation on a provincial basis; and outpatient services including assessment, psychosocial programs and follow-up, along with liaison with other service providers. Care delivery focuses on ensuring individualization – that care for each patient is geared to his or her specific needs; normalization – providing care in as home-like and normal environment as possible; continuity; and patient/family involvement.

The past year saw 196 admissions to SHNB, 164 (84%) of which were to the Forensic Unit. Wait times for admission to the Forensic Unit are minimal. Individuals are admitted directly by order of the Justice system.



The average wait time for all other admissions to SHNB varies from year to year, depending on factors such as availability of beds for placements, progress of individual clients toward discharge from the program, and the ability to discharge clients back to their home communities. SHNB functions at capacity with few, if any, beds vacant to accommodate immediate admissions. According to the most recent statistics, the average wait time for admission to SHNB in 2006-07 was 49 days. The indicator does not include admissions to the Forensic Unit.

SHNB has faced pressures in the past year in managing individuals who have been identified as having complex needs. SHNB is currently home to three individuals identified as complex needs cases. Prairie North continues to look for improvements in programming to support this population, and to work toward further collaboration with the Community Living Division of Saskatchewan Health to meet the needs of complex needs clients.

SHNB has also been challenged in the past year with recruitment and retention issues, particularly in the nursing and psychology departments.

Despite the challenges, 2007-08 has been an exciting year for the staff and residents of Saskatchewan Hospital. Planning has continued for replacement of the nearly 100 year old facility. More details about the project are found under ***Goal 4: A Sustainable, Efficient, Accountable and Quality Health System*** on pages 57 and 58 of this report.

Goal 2 — Effective Health Promotion and Disease Prevention

Prairie North Health Region strongly endorses the priority of moving our population toward an emphasis on being and staying healthy, and on individual and community responsibility for achieving and supporting healthy living and healthy environments.

PNHR continued implementation of its Population Health Promotion Plan with numerous initiatives in its four priority areas: accessible nutritious food, active communities, decreased substance use/abuse, and mental well-being. The true success of the Plan can be identified only over the long-term by measuring the health status of the population and monitoring health status indicators. On an ongoing basis, health systems must continue to target and monitor health issues individually and work to positively influence the factors that affect health.

We must remain mindful that health programs, services and systems alone cannot create and sustain the health of a population. Individuals, communities, and society as a whole – of which the health system is one part – must recognize, accept, and act on their responsibility for improving the health of the population and preventing disease.

The Region must be fully cognizant of health issues and concerns of First Nations residents who comprise a significant segment of the population. Respecting First Nations authority and autonomy, Prairie North strives to work in partnership with Aboriginal communities and organizations to improve the health of their citizens seeking and using PNHR services. Partnership and collaboration are key in striving to positively impact the many factors that influence health, such as education, economics, employment, and others. The health system alone cannot resolve the health issues facing Aboriginal people.

Healthy Food and Nutrition

Prairie North has implemented its Healthy Food Policy for all of the Region's facilities, sites and functions. The policy aims to promote healthy food choices in all PNHR cafeterias, canteens, gift shops, and vending machines, as well as at meetings, educational and special events for staff, volunteers, clients and the general public. The policy was communicated across the organization through a variety of avenues including informational presentations, meetings, newsletters, information sheets, posters, signage, and point of purchase advertising.

A survey was conducted in September 2007, prior to implementation of the policy. The survey information, along with information gathered as to the foods available in PNHR facilities, was used to determine what the food choices and food environment in the Region were like prior to introduction of the Healthy Food Policy. The information serves as a baseline for evaluating the effect of the policy in promoting healthy living within the PNHR workplace. The information also reveals where individuals, workplace sites, and the Region may begin to improve food choices and the food environment.

A follow-up survey is to be done in 2009 to determine the level of increased awareness of the healthy food policy and to measure the influence the policy has had on staff wellness, staff perception of whether healthy food choices are available, and staff perception of whether the Health Region encourages and supports healthy food choices. Changes in PNHR's food environment will also be measured to determine the effect of the policy on foods offered in cafeterias, canteens/gift shops, vending machines and catering.

PNHR conducted one healthy living challenge and participated in a healthy eating challenge in 2007-08, targeting Health Region staff as well as the community at large. The Health Region partnered with the Midwest Food Resource (MWFR) Project to promote healthy eating, and to improve awareness and usage of the MWFR Fresh Food Box Program. Sixty-six (66) teams of six people per team from all across the Region participated in the Healthy Eating Challenge aimed at improving eating habits, physical activity, and mental well-being. At the end of the first week of the six-week challenge, over 14,000 servings of fruit and vegetables were consumed by participants.

By the end of the Challenge, MWFR saw an increase in the number of participants and volunteers in its Fresh Food Box Program. The Healthy Eating Challenge is to be conducted again in the fall of 2008.

The PNHR Easy As Can Be Wellness Challenge focused on cardiovascular fitness, strength training, flexibility, nutrition, stress relief and healthy environments. The Challenge took place over eight weeks and enjoyed participation from 17 teams of six-to-eight people per team. An evaluation of the Challenge will inform similar events for 2008-09, as well as expressions of interest from school divisions and other health agencies to partner on future Challenges.

Food security was another priority for Prairie North Health Region in 2007-08. "Thought About Food" food security workshops were held in North Battleford and Lloydminster, with another planned for Meadow Lake. Community members and agencies have been working together to address relief strategies such as food banks; skill development and capacity building such as community kitchens and community gardens; and systems change such as transportation and food costing. The number of community kitchens and community gardens in PNHR has increased in the past year to 37 in Meadow Lake and 13 in North Battleford. A further 10 are anticipated to be implemented in the year ahead in Battleford, along with 29 in Lloydminster.

More schools in the Region are addressing skills development through Kids Kitchens and the Salad Bars in Schools program, and systems change by improving the foods available in schools and the messages given about healthy eating. Feedback on the Healthy Balance Kits produced and distributed by Prairie North in 2006-07 has described the Kits as extremely valuable tools for health promotion, bringing the message of accessible nutritious foods into and beyond the classroom.

Community Grant Program

Prairie North Health Region's Population Health Promotion Program implemented a community grant program in 2007-08 to support projects focusing on healthy living for children and families. Five grants totalling \$7,000 altogether were awarded to five different groups in Lloydminster, Meadow Lake, North Battleford, and Pierceland. The scope of the projects ranged from healthy eating and physical exercise, to mental well-being and reduced substance use and abuse. The program is to be evaluated by the end of 2008-09.

Maternal/Child Services

Recommendations from the 2006-07 review of Prairie North's Public Health Nursing Program were implemented in 2007-08 to improve services to clients, meet increasing needs and demands for services, and make the best use of public health nursing resources.

The Region's Postnatal Support Program was revised, with 3,188 postnatal contacts made. Following birth of their babies and discharge from hospital, 219 postnatal clients were seen through a home visit by public health nurses within the first 24 hours.

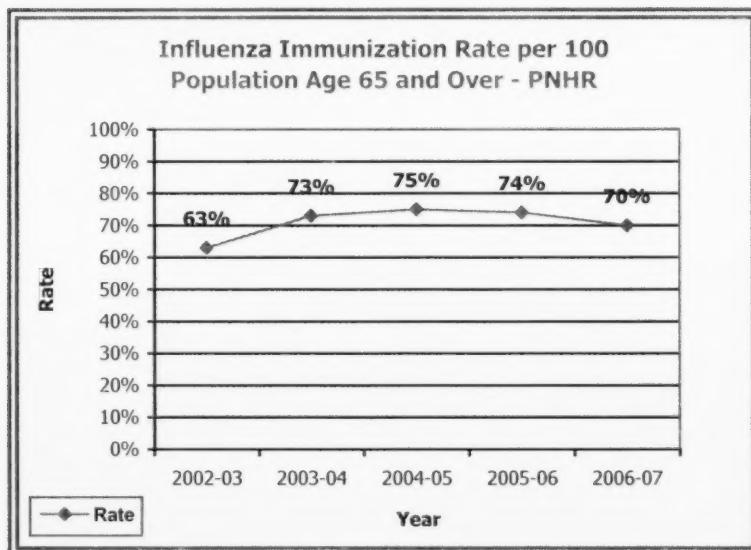
The Lactation Support program was expanded in each of Lloydminster, Meadow Lake, and The Battlefords. A total of 1,079 lactation support contacts were made.

Demands on both services continue to grow rapidly, especially in Lloydminster where the birth rate is higher than the rest of the Region. An increase in young families across the Region, particularly in the Lloydminster and Pierceland areas, has required additional resources from multiple public health programs to provide the supports needed. The entire Public Health Nursing Program is again under review in an effort to further improve services to meet the needs of the growing population.

Immunization

Prairie North Health Region's Public Health Nursing Immunization Program has experienced an extremely busy year due to additional requirements from Saskatchewan and Alberta.

A second dose in the mumps program in Saskatchewan was added for Grade 12 students, and PNHR public health nurses (PHNs) were called upon by East Central Health to immunize students and staff at Lakeland College in Lloydminster following a mumps outbreak in Alberta, mostly associated with post-secondary environments. The Alberta program was to have included all 17 to 26-year-olds in that province, but was suspended due to anaphylaxis cases associated with the vaccine. PNHR public health nurses also took a lead role in a sterilization issue involving a women's clinic in Lloydminster, AB. All of these requirements, coupled with significant staffing challenges over the past year, impacted PHNs' workload and their ability to perform activities such as educational presentations and community development.



The Region did achieve a 70% influenza immunization rate in 2006-07 for residents age 65 years and over. The data is the most current available and comes from a manual count of immunizations given by public health nurses, physicians, and licensed special care home personnel in health regions and First Nations agencies, to residents of the RHA including First Nations individuals who may reside on or off reserve. The rate is down slightly from levels of the past few years. The new Saskatchewan Immunization Management System (SIMS) direct entry project was fully launched in PNHR in 2007-08.

Infection Prevention and Control

Prairie North Health Region is pleased to host the northern component of the provincial Infection Control Coordination initiative to work with health regions to develop common, standardized approaches to infection prevention and control. The project includes implementation and utilization of best practices within the Regions, along with development of policies, procedures, protocols and surveillance practices, evaluation tools and education/training resources.

An Infection Control Coordinator (ICC) – North was hired in PNHR and the project began in December 2007. The ICC North works with the Athabasca Health Authority, and the Heartland, Kelsey Trail, Keewatin Yatthe, Mamawetan-Churchill River, Prairie North, Prince Albert Parkland, and Saskatoon Health Regions.

In 2007-08, the project established North and South Implementation Teams, North and South Infection Control Networks, and a provincial Interface Group. The Coordinators have undertaken two major projects: development and circulation of a sterilization audit to provide Regions with a picture of current practices and support Regions in determining priorities for quality improvement; and preparation of a needs assessment audit to be conducted in 2008-09. The needs assessment audit will provide a current picture of resources, practices and needs – the information Regions require to move forward with their infection prevention and control plans. The Coordinators have been working as well on reporting protocols for outbreaks. The project is to continue until the end of November 2009.

In PNHR alone in the past year, the Region's Infection Control Practitioners (ICPs), in consultation with the Medical Health Officer, lead the ongoing development, implementation and maintenance of the Regional Infection Control Program. This includes maintenance of the Regional Infection Control Manual, development of Infection Control Information Fact Sheets, development of a process to track infection rates in health facilities, researching products, identifying procedures that aid in reducing infection rates, providing staff education in PNHR facilities on infection control and working with the MHO to identify, manage, investigate and analyse outbreaks in the Region's health facilities. In 2007-08, the Infection Control Practitioners conducted infection control audits in 12 PNHR facilities to assist in prevention and control of infections. The ICPs also provided 21 inservices to PNHR staff.

Environmental Health Protection

Prairie North Health Region maintains a very busy Public Health Inspection program aimed at ensuring the safety of individuals and communities under the Public Health Act, numerous regulations, and other legislation. Responsibilities and services include inspections and handling of complaints related to public facilities, food safety issues, public water safety, public swimming pool and water theme safety, public accommodation safety, housing safety and complaints investigation, inspection of institutional facilities, personal service safety, plumbing system and private sewage disposal safety, enteric disease and animal bite investigation, enforcement of the Tobacco Control Act, indoor air quality in public buildings under the Public Health Act, West Nile virus/mosquito control programs, land use, and emergency preparedness and response.

In the past year, Prairie North maintained a high level of inspections of licensed or regulated facilities: 100% of licensed swimming pools, 97% of food eating establishments, 96% of licensed food processing establishments, 85% of public water supplies, and 68% of licensed accommodations.

The new Environmental Health System (EHS) was fully implemented in April 2007, facilitating better tracking and management of activities. The system is also assisting in workload management.

Saskatchewan's economic upswing has brought with it increased demand for public health inspection services. The high number of seasonal facilities and the ongoing economic boom in Lloydminster challenge the public health inspection program to keep pace with growing demands. Public Health Inspectors (PHIs) in PNHR made 1,615 contacts for plumbing issues in 2007-08, along with 1,397 contacts for sewage issues. The number of contacts for sewage issues is more than double the 682 recorded in 2006-07, and 503 in 2005-06. Contacts for plumbing issues are also up substantially, from 983 in 2006-07 and 866 in 2005-06. The PHIs made 139 field visits to check subdivision application requests, and handled 351 consultations regarding land use. The increased demand for approving private sewage works lead staff to review and update the process for dealing with private sewage works in the Region.

Preparations have been underway to implement new requirements around disclosure of public eating establishment inspection reports. Public Health Inspectors are to be trained in use of the new inspection reports in 2008 to ensure quality and consistency in reporting.

Tobacco Control Act enforcement is ongoing, with 94.8% of public eating establishments, liquor outlets and other facilities governed by the Act in compliance with the legislation. The percentage is close to par with that of 2005-06 and 2006-07 at 96% and 96.2% respectively.

Aboriginal Partnerships

PNHR's Health Integrated Team (HIT) of Population and Primary Health Care professionals sought to strengthen relationships with First Nations and Aboriginal communities in the Region. Two networking/planning days were held with a variety of representatives from First Nation communities and Aboriginal organizations in PNHR to identify opportunities and develop a proposal to support and improve health services for Aboriginal people. A proposal was submitted to the Aboriginal Health Transition Fund (AHTF) – Adaptation Envelope for major funding. Original support for the planning days was provided by the AHTF – Planning Envelope. The HIT is anticipating approval of the project early in 2008-09.

Goal 3 — Retain, Recruit and Train Health Providers

Recruiting and retaining an adequate number of trained, competent employees to provide quality health care is the key to the future of our services, our Health Region, and the health system as a whole.

Consistent with the situation across our province, country, and globe, Prairie North is pressed to attract and keep health professionals spanning the wide spectrum of patient care, support, and administrative services we provide. A comprehensive, creative, and effective Health Human Resources Plan is essential to Prairie North's success in meeting each of our Strategic Goals including retaining, recruiting and training health providers; improving access to quality health services; providing effective health promotion and disease prevention; and ensuring a sustainable, efficient, accountable and quality health system.

Prairie North dedicates significant time, energy and resources toward attracting health professionals in today's highly competitive and challenging market. Regardless of our actions and results, more always remains to be done. Shortages in key health professions including physicians, nurses, pharmacists, medical laboratory and radiographic technologists, therapists, psychologists, managers, and others are ongoing.

Prairie North works at the local level to promote health professions to intermediate and high school students, as well as adults. However, increasing the supply of available health care providers is not Prairie North's alone to achieve. Training programs, educational institutions, and governments must all continue working to improve the situation. Long-term solutions and support are essential. In the meantime, our Health Region strives to do the best we can to attract, support and retain health providers. Challenges particularly abound in our rural locations and dictate the levels of service we can provide.

Prairie North continues to make strides toward achieving our recruitment, retention, and training goal. We have been focused and creative in our ideas and actions. We continue to explore new avenues and opportunities to improve our workplace with the aim of moving Prairie North to being a preferred health services employer.

Recruitment and Retention

PNHR has taken a multi-pronged approach toward recruitment and retention of health care providers. On the recruitment side, the Region's recruitment team focuses on attending recruitment fairs, offering bursary and recruitment incentives, promoting access to provincial recruitment incentives, advertising through a variety of mechanisms, and ethical out-of-country recruitment.

The Region continually seeks opportunities to retain its employees. Establishment of the provincial Health Workforce Employee Retention Program is one positive opportunity for staff, managers, and unions within Prairie North to apply for funding to assist in retaining staff through a variety of self-identified projects. PNHR has been successful in securing funding for three separate projects under the three streams of the Retention Program to date. The approved PNHR Retention projects are:

- *Establishment of a Child Care/Daycare co-op for health staff within the Battlefords community - \$75,000 grant*
- *Implementation of a modified work week for nurse managers at Battlefords Union Hospital - \$12,000 grant*
- *Enhancement of computer access at community health clinics in Lloydminster and Meadow Lake - \$6,500 grant*

Prairie North also promotes opportunities for employees to provide information on how the Region can improve its retention and recruitment processes.

A) INCENTIVES AND BURSARIES

Prairie North Health Region maintained its highly successful recruitment incentive and bursary program in 2007-08 in an ongoing effort to entice individuals to join the Prairie North team.

A total of 76 candidates were recruited to the Region in the past year, accessing the recruitment incentives. Twelve recipients of bursaries from PNHR since the program was established in August 2006 fulfilled their commitment and came to work for the Region in 2007-08. A further 32 individuals in hard-to-recruit health professions have signed bursary agreements to come to work in Prairie North following graduation from their programs. These individuals will be joining the Health Region over the next three years.

PNHR continues to promote and support as many practicum placements as possible for health care students. This provides an opportunity for students to understand the services and career opportunities within the Region and for them to see the Region as a future employer. The Region has accommodated and benefited from 24 Nursing Education Program of Saskatchewan (NEPS) student placements in the past year, along with 13 licensed practical nurse student placements, two nurse practitioner students, and one doctoral psychologist placement. Individual facilities and managers in PNHR also accommodate student placements from a variety of institutions and training programs. The number of these students is not yet available on a consistent, Regional basis.

Prairie North actively promotes health care professions to elementary and secondary students through direct presentations and participation at career fairs throughout the Region. Additionally in the past year, as noted earlier in this report, PNHR representatives attended over 30 recruitment functions within Saskatchewan, Alberta, Manitoba, Newfoundland and Nova Scotia. They met with over 2,500 students in post secondary programs.

B) PHILIPPINES RECRUITMENT

Prairie North Health Region enthusiastically participated in a nine-day recruitment trip to the Philippines February 28 to March 8, 2008. Two representatives from Prairie North joined officials from four other Saskatchewan Health Regions, the Saskatchewan Registered Nurses Association, the Saskatchewan Union of Nurses, the Ministry of Health, and Government of Saskatchewan. The recruitment trip was initiated by the participating health regions in collaboration with the Ministry and the other agencies.

The trip was highly successful for PNHR. The Region's aim was to recruit 25 nurses: offers were made to 21 nurses to join our staff. The Philippine nurses will be working in acute care, long-term care and at Saskatchewan Hospital North Battleford and are expected to arrive before the end of 2008.

Prairie North is now working with several partners to develop a comprehensive orientation program to welcome the Philippine registered nurses to the Region and assist them in settling into their new work environment, community, province and country.

Prairie North Health Region extends appreciation to the Ministry of Health and our partners in the Philippine Recruitment Project for the opportunity to have joined in the initiative that has already proven to be a successful component of the Region's multi-faceted recruitment strategy.

C) ELECTRONIC SURVEY TOOL

With the successful implementation of the new SAHO Internet Payroll Front End (IPFE) payroll system in Prairie North in January 2008, the Region is pleased to be able to access and utilize the Electronic Survey Tool component of the system. The Tool allows the employer to provide entry, exit and transfer surveys to its employees. The surveys provide a common, comparable tool for employees to share their thoughts and opinions with the employer. PNHR is optimistic the surveys will provide the Region with information that will assist in enhancing our recruitment and retention initiatives, and in improving the work environment.

PNHR will target specific groups with its introduction of the surveys:

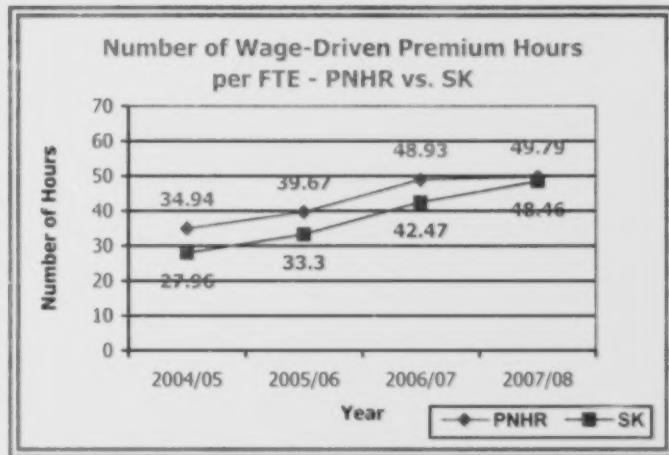
- An entry survey for hard-to-recruit employees as they begin their employment
- A transfer survey for hard-to-recruit employees transferring permanent positions between departments
- An exit survey for all resigning or retiring employees

D) HEALTH HUMAN RESOURCES PLANNING AND UTILIZATION

In addition to our focus on recruitment of new employees, Prairie North closely monitors the utilization of its existing workforce, and continues working to identify gaps and future needs throughout. Tracking and monitoring of overtime hours and other wage-driven premium hours helps us to identify problem areas. It also helps us to determine where we have achieved successes in recruitment, retention, and other workforce and workplace initiatives, and where we need to direct or redirect resources.

Overtime hours continue to be a major concern for Prairie North Health Region and the health system as a whole. Overtime hours can be associated with understaffed areas or with professions/positions that are hard to recruit to and/or difficult to retain. Overtime hours tend to increase during periods of peak utilization and sick time – as sick time goes up and the available pool of employees diminishes, managers are pressed to bring in staff and/or keep staff in overtime situations. Continual overtime hours tax employees' ability to fulfill their commitments as workers, and to maintain high standards of care and service. Absenteeism and higher levels of Workers' Compensation Board claims may result. The cycle toward requiring increased overtime can spiral. More efficient utilization of staff mixes and staffing to appropriate levels to maintain services helps to reduce reliance on overtime.

In the past year, Prairie North experienced another increase in its total number of wage-driven premium hours per full time equivalent (FTE), as did Saskatchewan as a whole. PNHR's increase was not as large as it has experienced in the previous three years; nor was it as much as the provincial increase. Nevertheless, PNHR's rate remains above the provincial level. The figures do not include Prairie North's Alberta employees.



By union affiliation, again excluding PNHR's Alberta employees who are not included in the SAHO payroll system, the number of wage-driven premium hours per FTE for each employee group varies considerably. Prairie North's rate for its SUN employees is well above the provincial level and is the highest of the four employee groups noted. PNHR's provider union (CUPE) rate is second highest for the Health Region, but lower than the provincial CUPE level. HSAS has the third highest rate for Prairie North, but the figure is below that for the province as a whole. The OOS category is the lowest among Prairie North's Saskatchewan employee groups, but is higher than the provincial OOS mark.

Number of Wage-Driven Premium Hours (Overtime and Other Premiums) Per FTE by Affiliation								
	CUPE		HSAS		OOS		SUN	
	PNHR	SK	PNHR	SK	PNHR	SK	PNHR	SK
2004-2005	24.77	24.52	21.47	20.88	2.61	2.43	81.03	63.99
2005-2006	28.19	32.83	22.35	24.75	4.67	3.17	94.51	72.44
2006-2007	39.22	36.85	23.91	25.44	5.44	3.46	105.31	81.54
2007-2008	40.72	45.68	25.38	23.72	4.18	3.41	106.55	84.78

The information confirms in large part the health system's ongoing shortage of health professionals, particularly in the area of nursing and other hard-to-recruit positions, and in some support service positions.

Healthy, Effective Workplaces

A) ATTENDANCE SUPPORT AND ABILITY MANAGEMENT

Prairie North Health Region has taken another step toward achieving a healthy, effective workplace and ensuring workers return to the workplace in a safe, healthy and timely manner. In January 2008, PNHR implemented a new Ability Management: Standardized Medical Certificate policy. The policy requires employees and physicians to use only the new Medical Certificate form created and provided by Prairie North to verify an employee's illness. The policy and process do not require disclosure of a patient's diagnosis or confidential health information. The focus is on a worker's capabilities and any restrictions in returning to work in a timely fashion.

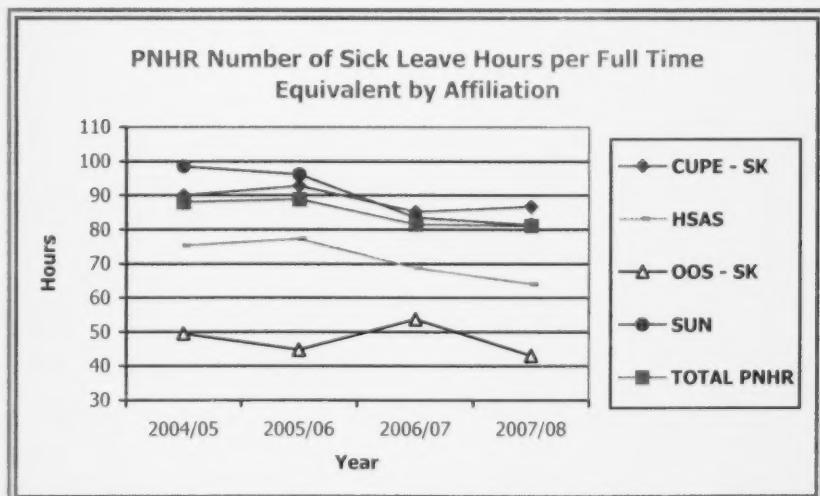
The Ability Management policy follows introduction in June 2006 of an Attendance Support policy to assist managers and employees in PNHR enhance regular attendance at work. The Attendance Support policy is intended to address absenteeism for which the employee should be held responsible because his or her absences are within the employee's power to address and correct. The program focuses on sick time and excludes other leaves that are permitted under and are consistent with collective agreements or policies. The expectation is that employees will use sick leave only when it is required.

PNHR believes that together, the two policies will positively impact employees' attendance at work. Overall, the number of sick leave hours used by Prairie North employees in 2007-08 fell slightly to 81.04 per full-time equivalent position. The number is below that of Saskatchewan's health system as a whole (84.35 hours per FTE), as detailed in the chart which follows. The numbers include those employees who are part of the SAHO payroll data system: they do not include employees represented under Alberta affiliations.

Number of Sick Leave Hours Per FTE by Affiliation									
	CUPE		HSAS		OOS		SUN		
	PNHR	SK	PNHR	SK	PNHR	SK	PNHR	SK	
2004-2005	90.01	95.26	75.21	63.34	49.46	48.12	98.43	93.07	
2005-2006	92.79	90.60	77.21	64.00	44.69	48.09	96.09	91.94	
2006-2007	85.17	89.78	68.70	65.62	53.63	47.34	83.51	89.34	
2007-2008	86.67	89.48	64.04	68.08	43.06	50.23	81.30	89.48	

Prairie North's sick leave hours per FTE are below provincial levels for each employee affiliation or category. Only Prairie North's CUPE affiliation recorded a slight rise in its use of sick leave, compared to the year prior.

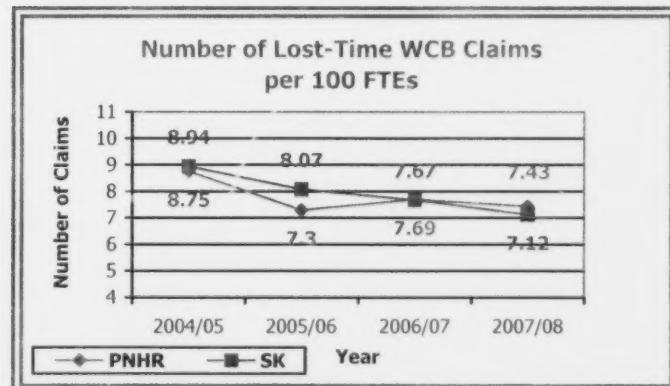
The graph right shows the past four years' trend for each of PNHR's four Saskatchewan classifications, as well as for the Region as a whole.



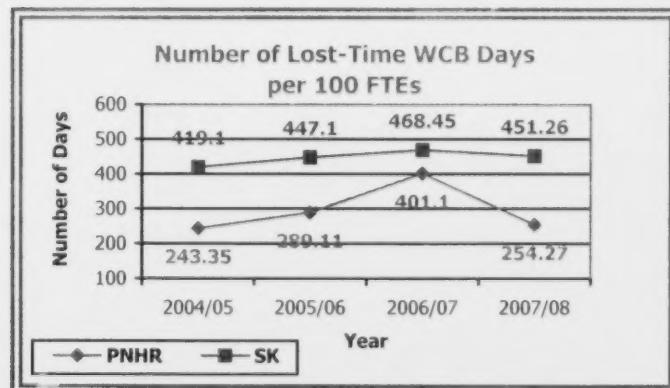
Prairie North recognizes that no one or two initiatives can be solely responsible for the successful reduction in sick leave hours, and its resultant costs to the organization. Many factors contribute to employees' absence from work, including psychological stress, low staff morale, and employee dissatisfaction. Work absence also correlates closely with shortages of staff and staff turnover, which are recruitment/retention issues. Prairie North is pleased with the overall reduction in sick leave hours. The challenge is to retain and build on that success over a longer period.

B) WORKPLACE SAFETY

Other measures of the health of a workplace are the number of lost-time Workers' Compensation Board (WCB) claims per 100 FTEs, and the number of lost-time WCB days per 100 FTEs.



As the adjacent graph shows, Prairie North's lost-time number of claims declined slightly over the past year from its level the year previous, and remains slightly above the provincial rate which fell again in 2007-08. Prairie North continues to emphasize reporting of incidents which could account in part to the higher number.



The graph to the left shows PNHR's number of lost-time WCB days per 100 FTEs declined significantly in the past year, to stand much closer to levels of previous years. The PNHR level is again much lower than the provincial level which also declined somewhat in 2007-08.

Prairie North maintains a strong emphasis on Occupational Health and Safety (OH&S) and has implemented a Regional OH&S Program that emphasizes consistency, standardization, and safety for all employees in all work places. The OH&S Master Plan ensures the program is reviewed in compliance with provincial legislation.

The Region functions with a Regional OH&S Committee, a Core Committee, plus individual site committees. In the past year, the Terms of Reference and membership of the Regional committee were reviewed and revised. The Committees are active in overseeing many activities to promote safety and awareness of the PNHR safety program. Under the program, the Region conducted Crucial Conversations workshops for staff in 2007-08. The workshops provide training and empowerment to employees to speak out and act when safety is compromised. For 2008-09, a Crisis Prevention training program to prevent the escalation of violent or aggressive behaviour is being developed and implemented.

Representative Workforce

Prairie North Health Region's Representative Workforce Program has maintained its focus on preparing the workforce to reflect the diversity of our population and communities, and establishing an environment that is an accepting place for current and future employees. In 2007-08, another 41 Aboriginal Awareness Workshops were held throughout the Region with 287 staff members participating. That brings to 1,849 the number of PNHR employees who have taken the training.

The Regional Representative Workforce Committee is developing a three-year plan that will identify further priorities and strategies around the program's cornerstones of workforce preparation, employee retention, economic development and community relations. The Committee includes a variety of partners such as unions, SAHO, and government. The aim is to work toward a Representative Workforce wherein Aboriginal people are employed in all classifications and at all levels in the organization, in proportion to their representation in the working age population within the community.

PNHR is also continuing with its survey of employees to determine the percentage who identify themselves as Aboriginal or other minority. Employee participation in the survey is voluntary. The aim is to determine the current level of Aboriginal representation in PNHR's workforce so that a baseline can be established on which to move forward and measure our progress in achieving a proportional representation of Aboriginal people in our workforce. Emphasis is on continuing to educate staff about the intent of the survey and encouraging staff to participate.

Career Pathing

Prairie North Health Region is proud to have been chosen among seven Saskatchewan Health Regions to participate in a Career Pathing Pilot Project sponsored by SAHO and funded by the federal Human Resources and Social Development Canada (HRSDC) Workplace Skills Initiative. The project aims to develop, implement and evaluate a career pathing model that will enable health organizations to increase employee satisfaction, reduce turnover rates, plan employee succession and build a representative workforce where Aboriginal people are represented in health careers at all levels and in all classifications.



Logo – Career Pathing Pilot Project

PNHR learned in June 2007 that it was approved to participate in the project. Representatives of the seven sites met monthly to develop work plans to take the project through 2010. A part-time Career Pathing advisor position was approved for Prairie North and was filled in January 2008. Specific skills training for the position has been underway in advance of the project launch in PNHR.

The Region has also worked to define the workforce sector that will be targeted for the career pathing. The focus will be at entry level positions.

Next stages for 2008-09 include educating managers and staff about career pathing and the specific Prairie North project, followed by recruiting and selection of participants.

A Learning Organization

With input from staff, PNHR completed preparation of its new three-year Regional Staff Development Plan. The Plan identifies educational needs and outlines the education and training the Staff Development Coordinator will facilitate over the coming year, focusing on mandatory education.

Under the plan, two Regional educational committees were formed. The first is the Steering committee comprised of the Health Region's directors and vice-presidents. Its responsibility is to set the educational priorities and identify issues around education. The second is the Regional Core Educators Group comprised of staff involved in training and education. The group's purpose is to determine educational needs and responsibility for providing the education; coordinating and communicating educational opportunities; and making recommendations for educational policies.

Consensus was reached through the Core Educators Group on the definition of mandatory education for Prairie North Health Region. Mandatory education includes education and training that PNHR must provide for the employees to ensure the Region is complying with legislative requirements, collective agreements, and our own policies.

A broad range of training and educational sessions were conducted across Prairie North in 2007-08. Topics ranged from a host of clinical subjects including safety engineered sharps devices, to ethics, FISH philosophy, Safety for Supervisors, and Aboriginal Awareness, to launch of the Region's new Client Occurrence and Safety Report form and the Region's new policy on Consents. In total, PNHR facilitated training and education on 223 topics, with many sessions provided multiple times. A highlight of the past year was a major workshop geared to special care aides and home health aides. The workshop drew over 100 participants.

PNHR continues to make progress toward achieving 100% compliance with its policy requiring all new employees to participate in the Regional Orientation Program. For 2007-08, 391 people were hired, with 323 or 82.6% completing the Regional Orientation Program.

Goal 4 — A Sustainable, Efficient, Accountable & Quality Health System

The past fiscal year for Prairie North Health Region was about patient and staff safety, quality improvement, risk management, and continued planning and preparation for the future.

A highlight was the Region's successful Accreditation Survey which provided PNHR an opportunity to demonstrate the many changes and improvements the Region has made since its first Region-wide Accreditation event in 2004. Prairie North believes that through the Accreditation process, our clients, staff and the public at large can be assured the Region is meeting national standards for care and delivery of service.

The Region remained focused on sustainability and efficiency, moving forward on planning for significant capital projects. PNHR maintained its emphasis on accountability to those we serve, consulting and reporting on plans, developments, issues, and concerns throughout the year.

Continuous Safety and Quality Improvement

Prairie North Health Region identifies Continuous Quality Improvement (CQI) and Patient and Staff Safety as primary objectives under a sustainable, efficient, accountable and quality health system. Both are integral to our organization and are a critical focus in all of our health services programming.

PNHR's Regional Continuous Safety and Quality Improvement Plan promotes a culture of client and staff safety, emphasizes learning that is focused on safety, and creates a structure that supports an operational safety and CQI agenda across the organization. Through the Plan, the Region aims to enhance coordination, development, communication, and follow-up regarding patient and staff safety, CQI, utilization, and risk management activities.

The Plan is lead by a Continuous Safety and Quality Improvement (CSQI) Steering Committee which serves as a catalyst and resource for safety and CQI activities. Twelve additional CSQI Committees are in place representing broad areas of service within the health region. The 12 committees report on their activities to the CSQI Steering Committee which in turn reports to the Board. Communication, feedback and direction flows back from the Board to the committees via the same structure, ensuring ongoing linkage from the front-line and management level, to senior managers and the Board.

A) ACCREDITATION

Prairie North Health Region underwent its second-ever Region-wide Accreditation Survey June 10 – 15, 2007. The eight surveyors with the Canadian Council on Health Services Accreditation (CCHSA) met with and interviewed Senior Managers, the Region's 13 Accreditation Teams, and three focus groups of community partners, staff, and clients. The surveyors visited most PNHR facilities and service sites, and reviewed a host of documentation.

In mid-August, PNHR learned the results of its survey. Our Region was awarded *Accreditation with Reports* - an improvement from the Accreditation with Report and Focus Visit awarded following the 2004 survey. The 2007 Accreditation Report provides a total of 26 recommendations, compared to 63 in 2004. The 2007 survey recommendations focus primarily on risk management, consent processes, pain management and indicator development. The Region was required to submit a progress report to the CCHSA by February 28, 2008 on four specific recommendations. The progress report was completed and submitted as required. A final progress report is due August 31, 2008.



The CCHSA commended Prairie North for having made significant progress in many areas, including development of a Regional ethics framework and a Regional quality improvement and safety framework with permanent CQI teams. The CCHSA Report points out that Prairie North Health Region "is fiscally responsible and has made clear efforts to prioritize." The Report also states that, "The Board and senior management operate as a team and they demonstrate maturity and mutual trust. The dedicated leadership team is working hard to create a regional culture. They are visible and accessible."

The Accreditation Report points out that waitlists in Prairie North have been effectively managed and applauds the expansion of primary care and telehealth, as well as completion of regional reviews of laboratory, diagnostic imaging, mental health and addictions, and rehabilitation services. The Report identifies the physician orientation program developed by PNHR as a leading practice that has been adopted by the province.

Prairie North Health Region takes this opportunity once again to congratulate and thank all staff, physicians, clients, managers and Board members who participated in the Accreditation process and in the ongoing Continuous Safety and Quality Improvement activities to maintain our focus on CSQI and our next Accreditation survey in 2010.

B) RISK MANAGEMENT

PNHR maintains a comprehensive Risk Management Program as part of Continuous Safety and Quality Improvement. As required by legislation, Prairie North complies with the Client Critical Incident Reporting Program for recording and reporting critical incidents. Review and assessment of each occurrence is done, as are root cause analyses. Strategies are then developed and implemented to prevent future occurrences. A follow-up review of all critical incidents is conducted annually to determine if recommendations are being implemented and followed.

In the past year, the Region has developed and implemented a new Client Occurrence and Safety Report to establish trends in adverse events and implement prevention measures. The report was rolled out to staff beginning August 30, 2007.

The Region also maintains a Client Concern Handling system to assist clients with concerns about the services they receive. PNHR functions with four part-time Quality of Care (Client Concern Handling) Coordinators (QCCs) – one for each of the Region's three largest communities, and a fourth for the rural sites.

Subsequent to recommendations from the CCHSA following the Accreditation survey, PNHR established a Risk Profile to identify the areas most in need of improvement. Action was taken on the following:

- Consolidation and standardization of forms and processes to obtain informed consent for services;
- Development of a comprehensive tool to assess clients' pain;
- Development of a policy and procedure to ensure that 'Safety Alerts' received from other jurisdictions are communicated and addressed throughout the Region; and
- Adoption and use of a national initiative 'Safer Health Care Now' to assist in implementing and evaluating system changes to improve safety and quality.

Resource Management

A) MAIDSTONE HEALTH COMPLEX

PNHR proudly marked completion of the new and expanded Maidstone Health Complex late in 2007 and early 2008. The integrated health facility replaces the former Pine Island Lodge long-term care home adding new wings onto what had been known as Maidstone Hospital, and providing a new home for community health services for Maidstone and area.

The new facility provides all Maidstone health services at a single, easily accessible location that is modern, spacious, and appropriate for patients, residents, clients and staff. Services located at the new site include Acute Care (ambulance, emergency, laboratory, diagnostic imaging and health records); Community Health (addictions counselling, dietitian services, family counselling, home care, and public health nursing); and Continuing Care (activities and recreation, adult day programming, long-term care, and respite care). The site also remains home to the community's Medical Clinic.

The facility consists of 26 continuing care beds (24 long-term care, plus two respite beds); and 11 acute care beds (five general acute and six specialty rooms). The specialty rooms are a palliative care room with adjoining room for family members; a bariatric room for heavy patients requiring specialized transfer equipment; an isolation room with infection control features; an observation room for short stay, close patient monitoring; and two swing rooms for residents awaiting placement in long-term care or acute care.



New Maidstone Health Complex

The building was completed in stages, with construction starting in March 2006. By April 2007, Acute Care services had moved into its renovated permanent space. In December 2007, Community Health services moved into its new quarters; and in February 2008, Pine Island Lodge residents and staff moved into their new home. Official opening of the Complex is set for June 2008.

The new Maidstone Health Complex allows the best use of limited human resources, equipment and space. Benefits include improved communication, coordination and peer support between health providers, improved public access, expanded space for community health services, better support for staff and volunteer orientation, training, mentoring; and more efficient handling of building security and maintenance. Most importantly, the new Maidstone Health Complex creates a safer, more comfortable and appropriate environment for long-term care residents, and a better working environment for staff, health professionals, and volunteers.

B) SASKATCHEWAN HOSPITAL

The past year was a busy and exciting one in the continuation of planning to replace Saskatchewan Hospital. The functional program and concept design for the new facility was completed and presented to staff, residents and the public in September 2007. Response was exceedingly positive. Sask Hospital residents are excited with the prospect of each "having their own room". Staff members are eagerly anticipating modern, efficient surroundings in which to care for clients. The general public is optimistically awaiting replacement of the nearly 100 year old facility, maintaining the provincial program and service in The Battlefords.



Concept Design – New Saskatchewan Hospital

The plan calls for development of a completely new Saskatchewan Hospital with 204 inpatient beds and 32 community reintegration beds, for a total of 236. The focus of the programming remains on psychiatric rehabilitation - both acute and extended. Sask Hospital would remain home to the province's Forensic program with expansion from the current 22 beds, to 48.

The plan recommends the new facility be built on the Saskatchewan Hospital grounds, northwest of the existing structure. The design is modular in scope to allow for future flexibility of usage. Plans include a "therapy court" concept to become the heart of the hospital with all patient services accessed off of this area. Other elements of the concept design include a cafeteria for residents and staff, education and conference spaces, and support services areas. Opportunity exists for a strong educational component in the new structure. A goal of the new site would be to foster education, research and innovation in achieving and maintaining mental health. SHNB has long been seen as an innovator and leader in mental health care and services, and it is anticipated that the new facility and programming would retain that status.

Prairie North Health Region, residents and staff of Saskatchewan Hospital, the community and province are awaiting approval from the Ministry to proceed to the next phase of the project – detailed design. PNHR expects to be able to proceed with that phase in early fall 2008. The project is now roughly one year behind schedule, with completion targeted at 2012 rather than the initial goal of 2011.

C) LLOYDMINSTER HOSPITAL

Prairie North Health Region and East Central Health partnered to conduct a Functional Program and Master Plan for Lloydminster Hospital. The report was released to the public in November 2007. The Plan proposes expansion and redevelopment of the 58-bed Lloydminster Hospital in two stages: the first - to an approximate 110-bed facility serving a regional population of 75,000 to 105,000 over the next 10 to 15 years.; the second – to further expand the hospital in the future by anywhere from 30 to 120 beds. The aim is to improve, upgrade and expand the hospital to meet the health needs of a population that has already grown by over 21% in the past six years. The population is expected to continue growing in the decades to come.

The goals for the Functional Program and Master Plan are to address critical service needs, improve facilities for service delivery now and in the future, and make optimum use of the facilities.

The Plan would see expansion of Lloydminster Hospital by at least two floors on the current site, and location of high priority hospital services in the new areas. Among the improvements recommended are new emergency, ambulatory care, therapies and MRI areas, plus new operating rooms, day surgery, special care unit, and 30 to 32 new inpatient beds. The expansion would see an ability to accommodate at least 50,000 emergency visits per year. The proposal also puts forth expansion of services including surgery, dialysis, obstetrical, medical, intensive care, and mental health/psychiatry. Existing hospital space would be redeveloped for a variety of support services to accommodate expansion of the clinical care services.

Projected costs for the first stage expansion and redevelopment are \$137.5 million; projected stage two costs range from \$21.4 million to \$88.5 million. The plan was submitted to Saskatchewan Health and to Alberta Health and Wellness for funding consideration.

D) DR. COOKE EXTENDED CARE CENTRE

As discussed earlier in this report, PNHR and East Central Health partnered to produce a Functional Program for redevelopment of Dr. Cooke Extended Care Centre in Lloydminster. DCECC is owned by East Central and operated by Prairie North. DCECC is a significant component of PNHR's continuing care services in Lloydminster. Presentations by interested groups and individuals were made to Prairie North Health officials, elected representatives and the community at large over the year, extolling the need for increased numbers of long-term care beds in the community.

The functional program proposed construction of a new 60-bed DCECC on a new site, replacing the 55-bed 1972 wing of the existing structure. The new DCECC would be based on the Green House concept, with all private resident rooms in a decentralized model of 10 resident rooms in each of six 'homes' organized around a community centre. The new site would incorporate a Day Program to be operated by Home Care. The site would be of sufficient size to accommodate future growth up to 180 residents.

The second element of the plan is upgrading and expansion of the 50-bed 1992 wing of the existing DCECC to include a private family area plus staff, maintenance, storage and administrative space. The potential exists to expand on the original DCECC site.

Early in 2008, the Alberta government announced that East Central Health would receive \$40 million to construct a new 60-bed long-term care facility on a new site, fulfilling the first element of the functional program.

A further 60-unit supportive housing complex being built in Lloydminster in 2007-08 through ECH is expected to reduce pressures on long-term care facilities in the Border City. Further details about the project can be found on page 19 of this report.

E) LLOYDMINSTER CO-OP PLAZA

In preparation for much-needed expansion of clinical programs at Lloydminster Hospital, PNHR decanted a number of administrative services from the hospital to off-site lease space in the Co-op Plaza in downtown Lloydminster. Renovations were required to the Co-op site to accommodate Payroll, Finance, Information Technology and other PNHR administrative services. The Lloydminster Region Health Foundation also relocated from the hospital to lease space elsewhere in the community. The relocations and decanting freed space at the hospital to return those areas to direct patient care.

Additionally, most of the Region's community-based programs for children were relocated to the Co-op Plaza site from the Community Health Services building in Lloydminster, also to free up space for similar much-needed expansion of community-based services. Prairie North's Community Health Services – Co-op Plaza location is now home to the Region's Child and Youth Mental Health Services, Speech-Language Pathology Service for children, Early Childhood Psychology Services and the Parent Mentoring Program. PNHR's Population Health Promotion and Public Health Inspection programs for Lloydminster were relocated to the Co-op Plaza site. The Community Health Services building remains home to Adult Mental Health, Public Health Nursing and Chronic Disease Management services, as well as Home Care.

With governance and organizational changes in ECH early in 2007-08, Prairie North was unable to proceed with its planned 10-bed expansion of acute care services at Lloydminster Hospital, and its enhancements to public health nursing and chronic disease management services. The addition of the net 10-beds and realignment in acute care services is to result in establishment of a dedicated 15-bed Obstetrical Unit and a dedicated 12-bed Surgical Unit with expanded day surgery, operating room, and endoscopy capacity. The plans remain on the books for 2008-09.

F) NORTHLAND PIONEERS LODGE

PNHR developed and submitted a Project Brief to the Ministry of Health for approval to proceed to planning for replacement of Northland Pioneers Lodge in Meadow Lake. The facility consists of three buildings constructed over a period of 50 years and has a complement of 55 long-term care beds and 29 assisted living spaces.

In broader discussions with officials of the Town of Meadow Lake, PNHR representatives have spoken of the need to replace the facility. The community itself is engaging in a planning and development exercise and will consider the project in that context.

INFORMATION TECHNOLOGY

Prairie North's Information Technology (IT) Plan is a set of principles and standards that provides a blueprint for deployment of the Region's technology and information infrastructures, in alignment with PNHR's business goals. Over the past year, the IT Plan has moved forward in advancement of business technologies, policies and security, and continues to be an integral component of the Region's overall delivery of services.

In 2007-08, PNHR saw successful implementation of many new IT systems and services in support of our business priorities. Key projects included introduction of an Electronic Medical Record system at the new Primary Health Centre in North Battleford; installation of an Integrated Nurse Call System in the new Maidstone Health Complex; installation of a Regional Home Care application; and provision of IT support services for Keewatin Yatthe Regional Health Authority.

The past year has seen further development of regional and provincial IT systems and services in Prairie North including expansion of dictation and transcription systems to Battlefords Union Hospital; expansion and use of the provincial Pharmaceutical Information Program in our Region; infrastructure upgrades to support introduction of the provincial RIS/PACS diagnostic imaging system to Prairie North; and introduction of an integrated photo identification and access control system for PNHR employees.

In the year ahead, the IT Plan will continue to evolve around expansion of clinical and business systems in support of the Region's Strategic Plan. Focus will be on development and investment in the reliability, stability, security and availability of the Regional IT infrastructure to ensure delivery of critical systems in support of PNHR's business plan and the provincial eHealth Strategy.

BUSINESS CONTINUITY

PNHR's Business Continuity Plan (BCP) describes the processes to continue doing business during a disruption for identified risks such as a pandemic, fire or tornado that affects all or part of the Region. For Financial Services, priorities have been set and processes described for various scenarios from partial to full disruption. The BCP identifies the critical functions to be covered and who can perform what functions. An emergency contact list is maintained and updated on a regular basis. The decentralization of Financial Services into three sites (North Battleford, Meadow Lake and Lloydminster) is an advantage in the case where one or two sites may be incapacitated, as each site has the ability to carry on with critical functions. In the case of full disruption of computer systems, the Region can revert to manual processes.

In terms of emergency preparedness and disaster recovery plans, Prairie North continues to review and revise its individual site and Region-wide plans to ensure they are up-to-date and complete.

ETHICS

Prairie North Health Region has been making deliberate progress over the past few years to develop an ethics support framework that is effective and sensitive to the needs of the individuals and communities involved. PNHR now has an active and highly visible ethics service with Community Ethics Committees in The Battlefords, Lloydminster, and Meadow Lake/Rural area. A Research Ethics Review Panel has been established to review research proposals that involve PNHR patients, staff and resources. A Regional Committee composed of members from the local committees and the Regional Ethics Review Panel provides a regional perspective, supports the work of the committees, and reviews policies that have an ethical component.

In the past year, the Ethics program has launched a quarterly newsletter and a Health Ethics Consultation Service. Posters and brochures have been developed to promote the Health Ethics Consultation Service Region-wide. A series of lunchtime Telehealth ethics educational and discussion sessions were held around current and practical ethics issues. The series was well attended and is to continue into the coming year.

COMMUNICATIONS AND PUBLIC CONFIDENCE

Appropriate and effective communication with all stakeholders is a priority for Prairie North Health Region in an effort to maintain and increase public confidence in Region-delivered services and in the health system in general. In 2007-08, as in previous years, Prairie North undertook significant communications and public relations activities and reported highlights of those initiatives to Saskatchewan Health on a quarterly basis as required. Key activities included:

- Official opening of the new Robert Simard Social Detox Unit at Meadow Lake June 1, 2007.
- Communication of the Region's 2007-08 Operating and Capital Plans and Budget to staff, physicians, and the public. Fifteen general staff meetings were held throughout the Region by the CEO. Communication of the Region's new Strategic Plan was incorporated.
- Completed implementation of Region-wide communication plan to introduce and promote Prairie North's 2007-2010 Strategic Plan. A summary booklet was prepared and widely shared with internal and external stakeholders.
- Communication plan and activities promoted and supported PNHR's Accreditation process and survey prior to, during, and following the June 10-15, 2007 CCHSA survey. PNHR proudly shared the results of the survey with internal and external stakeholders.
- Extensive communication activities conducted to support and promote the new Primary Health Centre and expansion of primary health services in The Battlefords, culminating with a highly successful grand opening event on September 17, 2007 attended by the Minister of Health.
- Creation, production, presentation and distribution of the Region's 2006-07 Annual Report to internal and external stakeholders.
- Regional communication activities in support of provincial information campaigns around West Nile Virus.
- Promotion of the Region's annual influenza immunization campaign.
- Hosting of public meeting September 21, 2007 to present functional program and concept design for new Saskatchewan Hospital facility.
- Release of functional program and master plans for Lloydminster Hospital and Dr. Cooke Extended Care Centre in Lloydminster.
- Hosted three news conferences with Ministry of Health and government representatives to announce Employee Retention Grant projects, and surgical and capital equipment grants approved for the Region.
- Conducted communication campaign for all phases of service relocation to Maidstone Health Complex.
- Supported relocation of numerous PNHR services to Lloydminster Co-op Plaza site.
- PNHR officials participated in meetings with Lloydminster groups and individuals to discuss health service needs and plans for the community.
- Participated in public meeting March 11, 2008 in Meadow Lake to share information and dialogue with community about health services and plans.
- Ongoing development and population of PNHR Internet and Intranet websites.
- Production of Regional brochures including Laboratory Services, Disordered Eating Support Group, Surgical Services Handbook, Gestational Diabetes, Acquired Brain Injury Services, Representative Workforce Program, HR Hard-to-Recruit Program, EMS Services, Pain Scale, Health Ethics Consultation, and Battlefords Union Hospital General Information.

PNHR also maintained a strong presence with Regional media through issuance of an average of two news releases per month, and management of over 200 media requests annually for information and/or interviews relating to services, programs, decisions and issues specific to or impacting Prairie North. The Region continued to handle media requests in a timely manner, generally between an immediate response to two days.

Financial Summary

Prairie North Health Region has posted its first full-year operating deficit since the Region came into being in August 2002.

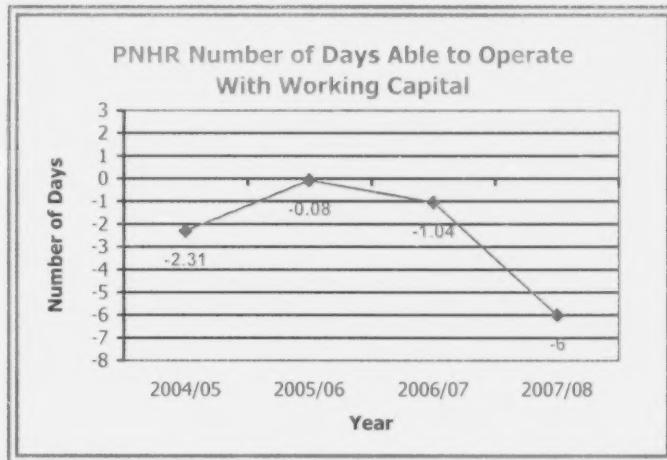
PNHR ended the 2007-08 fiscal year with a \$620,306 deficit, due almost entirely to overtime and sick time utilization costs. The deficit represents 0.35% of the Region's actual operating expenditures and impacts our financial flexibility for the future. Surplus/deficit as a percentage of actual operating expenditures is a measure of financial viability and relative financial health of an organization. The optimal percentage value is one that is sufficiently high to provide a Region with the funds to maintain and improve the quality of care, but not so high as to indicate the Region is not fulfilling its mandate.

PNHR's 2007-08 operating budget called for balanced revenues and expenditures of \$173 million. A further \$5.2 million was to be spent on capital equipment acquisitions, and \$2.2 million was targeted toward capital maintenance and upgrading projects.

The priorities for the year were recruitment and retention of staff, and continuing with the Region's emphasis on patient and staff safety. The Region targeted the purchase of electric beds, patient lifts and ceiling tracking to enhance resident/patient safety and reduce the risk of injury to staff.

Prairie North used its \$1.4 million surplus from 2006-07 operations to fund its planned capital equipment purchases, along with financial support from Saskatchewan Health; East Central Health, Alberta; foundations, trust funds, donations, and capital reserves.

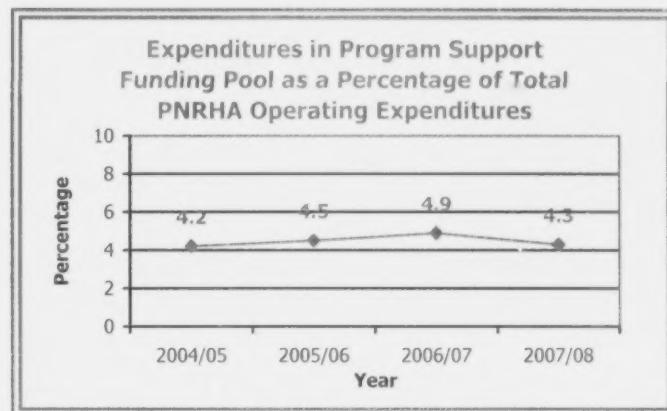
As the graph to the right shows, PNHR's working capital position declined in the past year from its 2006-07 level, due almost entirely to the Region's year-end deficit. Working capital is a measure of the wealth of an organization to conduct its day-to-day operations. It is an indicator of the agency's ability to meet its current financial obligations through management of current assets and current liabilities.



Total operating revenues for Prairie North for 2007-08 were \$174,933,007 or 1.14% higher than the \$172,954,585 budgeted. The increase is attributed to additional government funding to address the Health Sciences Association of Saskatchewan collective agreement and operation of the Region's new Primary Health Centre in North Battleford.

Total operating expenses for PNHR for 2007-08 were \$175,553,313 or 1.51% higher than the \$172,946,449 budgeted.

Prairie North remains below the 5% target established by Saskatchewan Health for Program Support Services expenditures as a percentage of total RHA operating expenses. The target applies to all but the two northern health regions.



This indicator measures how much a Region spends on administrative services relative to total operating costs. While most Regional Health Authority staff provide services directly to patients, clients, and residents, other staff are required to manage operations, hire employees, pay bills, and perform other corporate service functions. Generally, the goal of corporate management is to support the operations of the Region at the lowest possible cost.

Administrative services included in the indicator are the Region's Board of Directors, executive offices and support staff, public relations,

finance, human resources, information technology and other functional areas related to regional administration but not captured in previous administrative categories or in program-related functions. The measure does not include costs directly associated with Acute Care, Supportive Care, and Community-Based functions.

PNHR continues to strive for efficiencies throughout our programs and services, as well as in our program support functions to improve overall effectiveness and maintain a strong, responsive and responsible financial position.

Despite the year-end deficit, the Region maintained a viable cash flow position in the past year, thanks to the strong surplus position of the previous year. The deficit is an indicator of challenges elsewhere in the organization. Staff vacancies and inability to fill hard-to-recruit positions, particularly in nursing, challenges the organization to maintain services and programs. Staff vacancies result in added pressure on existing employees, and have the potential to lead to even greater financial pressures for overtime, sick time, and other workplace issues. Prairie North continues to work on recruitment and retention, as well as other human resource, workload, and work environment issues to help improve the employee situation and return us to financial strength.

Future Outlook / Emerging Issues

Prairie North Health Region is facing the year ahead from a different perspective than it has over the past few years. With the Region ending 2007-08 in a deficit position, PNHR has lost some of its financial flexibility to move forward with plans for expansion and growth. However, the demands for increased services, staffing and programs continue to grow. Prairie North must once again position itself for change if it is to continue to meet the health care and service needs of our patients, clients and communities over the short and long term.

Returning the Region to an improved budget position will be a priority for the year ahead and into the future. PNHR will look to improving efficiencies and effectiveness in all that we do: accelerating excellence and emphasizing quality as a business strategy. To assist in regaining a solid financial footing, Prairie North must deal with its substantial overtime and sick time utilization costs through creative and collaborative approaches with its workforce and other stakeholders. In the context of health workforce planning, developing safer and healthier workplaces, reducing workplace injuries, addressing absenteeism, and strengthening return-to-work strategies will receive increasing attention and focus going forward. Central to making positive progress in these areas is recruitment and retention of sufficient, appropriate health human resources.

As discussed earlier in this report and in previous PNHR annual reports, the biggest challenge to the long-term sustainability of our programs and services is the availability of health human resources. Ongoing recruitment, retention, training, and education of health professionals through all sectors of the organization are central to our future success. Our ability to attract and keep health care workers will ultimately determine the long-term viability and sustainability of our health facilities, services and programs, particularly in rural locations.

Recruitment and retention of physicians, especially in rural locations, remains a significant challenge and focus for Prairie North Health Region, consistent with other Saskatchewan health regions. Prospects for significant improvement in the ability to recruit doctors are not anticipated to improve over the short term.

Patient and staff safety remains high on the Prairie North agenda, as it does across the health system nationwide. Safety and continuous quality improvement are the lens through which decisions are made and actions are taken. This emphasis will continue to influence decisions on health region priorities in the months and years ahead. Though Prairie North has achieved accreditation status until 2010, the Region must maintain its focus on safety and quality improvement to meet greater requirements of Accreditation Canada (formerly Canadian Council on Health Services Accreditation) for required organizational practices.

Saskatchewan's overall growth and prosperity is welcome and exciting, and indeed affords opportunity for greater human and financial resources. However, that growth poses challenges for the health system to keep pace with demands for services.

Since its inception in 2002, Prairie North has had to be vigilant in monitoring and striving to meet the health care and service needs of the rapidly growing City of Lloydminster. That growth is relentless and while PNHR has achieved some success at expanding facilities and services in partnership with its Alberta counterpart East Central Health, more needs to be done. Pressure is mounting in the community for significant expansion of health services and facilities. PNHR's ability to proceed with further planned and anticipated enhancements is complicated with the change in governance and administration over the past year in ECH. Collaboration between PNHR and ECH, and the two provincial jurisdictions is essential in addressing the issues and demands that are unique to Lloydminster.

Growth in other parts of the Health Region must be considered and monitored as well. The Meadow Lake and Pierceland areas are experiencing increases in population, and health service pressures are rising on resources in Meadow Lake. The flow of patients from communities north and west of Meadow Lake to the town is anticipated to escalate as other centres and health regions experience physician and staffing challenges of their own. Calls are surfacing for more resources and investment in Meadow Lake for health services and other social supports.

Escalating costs for goods and services along with soaring demands for skilled workers pose challenges for the health system as well. On the capital project side, the availability and interest of firms and employees to take on capital health projects, plus the ever increasing costs, will greatly impact Prairie North's ability to move forward with projects in a timely and affordable manner. Prairie North has an ongoing need to replace aging and obsolete equipment throughout our facilities and programs. The Region will remain pressured in 2008-09 and beyond to meet the continual requirements for capital equipment, and will no doubt maintain its significant reliance on community generosity and fundraising supports to address these needs.

Prairie North also faces enormous pressure from rapidly expanding information technology infrastructures, technologies and systems that require significant investment. The Region must continue to keep pace with implementation and application of provincial systems and initiatives aimed at improving access, efficiency and accountability.

With these issues and challenges at the forefront, Prairie North Health Region embraces the opportunities for growth and welcomes the promise of collaboration and partnership in securing Saskatchewan's future.

Governance and Transparency

Prairie North Regional Health Authority is the governing body of Prairie North Health Region. The Board is responsible for the planning, organization, delivery and evaluation of the health services it provides within the health region boundaries.

The Regional Health Services Act which created Saskatchewan's health authorities defines the roles and responsibilities of the Board to work as partners with the Minister of Health in ensuring coordinated, province-wide planning for the health system. The Minister is responsible for the overall strategic direction of the province's health system, determines provincial priorities, and allocates resources for service delivery.

Specific expectations for the Minister and Regional Health Authority Boards are defined under the broad categories of strategic planning; relationships; monitoring, evaluation and reporting; fiscal management and reporting; quality management; and management and performance.

Each year, an Accountability Document between each RHA and Saskatchewan Health sets out the agreed upon organizational, program and service expectations for each RHA, and links expectations with funding. Through the Accountability Document, Saskatchewan Health sets out specific directions for the prudent and ethical use of public funds.

This Annual Report is a key component of the accountability process, providing detail to the Minister on the extent to which Prairie North RHA has set direction and made progress toward health system strategic direction, and complied with the Accountability Document.

Our Board



Back Row (From Left): Flora Fiddler, Meadow Lake; Vicki Helm, Lloydminster; Glenn Wouters, Meota; Don Young, Maidstone; Don Duncan, Lloydminster; Joan Hill, Goodsoil.

Front Row: (From Left): David Esterby, Meadow Lake; Ben Christensen, North Battleford; Bonnie O'Grady, Neilburg, Chairperson; Muriel Conacher, Mervin, Vice-Chairperson; David Fan, CEO; Michael Zaychkowsky, North Battleford

Photo by Don Whiting Photography, Lloydminster

Prairie North Regional Health Authority is governed by a Board of Directors appointed by the Minister of Health and consisting of a maximum of 12 members. The Board currently has 11 members, with the twelfth position vacant. The term of the current Board continues until July 2008.

The Prairie North Board functions as a single entity, without separate committees, though its members serve as RHA representatives on a number of committees and organizations. Board members report to their colleagues at regular monthly Board meetings regarding their participation in and activities of the committees.

**Committee Membership or Representation – Prairie North
Regional Health Authority**
April 1, 2007 - March 31, 2008

Committee or Organization	PNRHA Representative
Battlefords Union Hospital Foundation	Ben Christensen
Community Advisory Network – Edam/Turtleford/St. Walburg	Muriel Conacher
Continuing Care Capital Projects Steering Committee – Lloydminster	Vicki Helm
Continuous Safety/Quality Improvement Leadership and Partnership Team	Bonnie O'Grady Joan Hill Don Duncan David Esterby Glenn Wouters
East Central Health/Prairie North Health Region Collaboration Committee	Vicki Helm Don Duncan
Governance Committee	Muriel Conacher
Lady Minto Trust Fund Committee	Glenn Wouters
Lloydminster and District Health Advisory Committee	Don Duncan
Lloydminster Region Health Foundation	Don Duncan
Lloydminster Medical Staff Joint Conference Committee	Bonnie O'Grady Muriel Conacher
Maidstone Integrated Health Project Steering Committee	Don Young Bonnie O'Grady Muriel Conacher
Meadow Lake and Area Community Health Advisory Network	David Esterby
North Sask Laundry & Support Services	Bonnie O'Grady
Saskatchewan Association of Health Organizations	Glenn Wouters
Steering Committee for Functional Programming Services for Lloydminster Hospital and Dr. Cooke Extended Care Centre – Continuing Care Facility	Don Duncan
Twin Rivers Health Care Foundation	Muriel Conacher

Community Advisory Networks

The *Regional Health Services Act* requires Health Authorities to establish one or more Community Advisory Networks (CANs) to help facilitate consultation with and input from local communities. CANs advise the Authority on broad issues related to the health of the community, and assist the Authority to understand the needs and priorities of communities and their residents.

In the past year, Prairie North Health Region has continued working toward developing CANs that coincide with the geographic areas for Primary Health Care. These areas are The Battlefords, Lloydminster, Meadow Lake, Loon Lake/Goodsoil/Pierceland, Turtleford/Edam/St.Walburg, Maidstone/Cut Knife/Neilburg, and First Nation communities. PNHR currently functions with six CANs:

Edam/Turtleford/St. Walburg Community Advisory Network
Lloydminster and District Health Advisory Committee
Meadow Lake and Area Community Health Advisory Network
Paradise Hill Health Advisory Committee
Pine Island Lodge Advisory Committee
St. Walburg Health Advisory Committee

In September, 2007 PNRHA Board members reviewed their governance bylaw regarding the roles and responsibilities of community advisory networks. Provincial legislation which requires RHAs to develop community advisory networks does not permit the payment of honorariums to CAN members. However, Prairie North's policy does permit other reimbursement at the discretion of the Authority. The Region provides support to its CAN committees by way of covering printing and postage costs, as well as providing some administrative support. Board members agreed that with the Region now at the point where it is working to strengthen and expand its community advisory network, the Region must take greater responsibility to clarify its guidance and direction for CANs. Board members also expressed the desire for clearer definition and direction from the province for roles and responsibilities of CANs.

The Region was successful in 2007-08 in establishing a new community advisory network for the Turtleford/Edam/St. Walburg area. In early 2008, PNHR advertised for expressions of interest from people willing to serve on such a committee. Ten individuals responded and were appointed in early March 2008 to the new Edam/Turtleford/St. Walburg Community Advisory Network when Prairie North Board members unanimously endorsed formal creation of the CAN. While the new committee has representation from Turtleford, Edam, Mervin, Brightsand and St. Walburg, PNHR is continuing to seek representation from the Glaslyn, Livelong, Turtle Lake and Thunderchild First Nation communities to round out the committee and provide input from all areas of the district.

The Lloydminster and District Health Advisory Committee (L&DHAC) met five times in the past year and has been active in identifying and working to address health issues and concerns in the community. The L&DHAC chairperson participated in the functional program and master planning processes which resulted in recommendations for redevelopment of Lloydminster Hospital and replacement and improvements to Dr. Cooke Extended Care Centre.

With governance and organizational changes in East Central Health early in 2007-08, the L&DHAC attempted to assist PNHR by making several representations to the MLA for Lloydminster Alberta and to the official trustee for ECH to help expedite decisions around health service funding, plans and the future of health capital projects for Lloydminster.

The Meadow Lake and Area CHAN meets on a monthly basis with the exception of July and August. The committee is a vibrant and active group dedicated to enhancing two-way communication between the community of Meadow Lake and area, and Prairie North Regional Health Authority. In the past year, the Meadow Lake CHAN hosted several staff appreciation events with the support of local community groups. CHAN members also meet regularly with the Meadow Lake Medical Advisory Committee and keep their community aware of local health issues through local media.

The Meadow Lake and Area CHAN hosted a public informational meeting on March 11, 2008. The session provided an opportunity for dialogue and the sharing of information about the services, programs, issues and concerns of health providers and the public. Issues ranged from the potential for establishment of dialysis services Meadow Lake, to possible replacement of Northland Pioneers Lodge; nursing and physician recruitment; and wise use by the public of the community's limited health human resources and services. Members of PNHR's management team participated in the meeting providing information about the Region, its priorities, programs and services, particularly in relation to Meadow Lake. The forum also heard from Meadow Lake physicians and the Meadow Lake Tribal Council.



PNHR CEO David Fan addresses the Meadow Lake CHAN public informational meeting.

The Pine Island Lodge Advisory Committee at Maidstone focused its attention through the past year on issues, input, and activities surrounding construction of the new Maidstone Health Complex integrated facility at Maidstone. The committee meets monthly. Its membership includes representation from surrounding municipal governments as well as from the Maidstone and Lashburn Health Care Auxiliaries.

The Paradise Hill Health Advisory Committee has been relatively inactive through 2007-08 focusing its attention the year previously on establishment of a Personal Care Home in a portion of the former Paradise Hill Hospital. The St. Walburg Health Advisory Committee meets as required to discuss concerns related to access and availability of health services.

On June 25, 2007, PNHR held its first Regional CAN meeting in Turtleford. The meeting was attended by representatives from The Battlefords, Maidstone, Meadow Lake, Goodsoil, Turtleford, Edam, Lloydminster, North Saskatchewan River Municipal Health Holdings, PNHR senior management, and Board members. The morning session included presentations on the Region's 2007-08 budget, and a review of the Region's 2007-2010 Strategic Plan, the PNHR Primary Health Care Plan and Population Health Promotion Plan. The afternoon was devoted to discussion on the role of community advisory networks and how CANs and the Region can work more effectively together. PNHR plans to continue with such Regional CAN meetings at least once per year.

Public Transparency

Maintaining public transparency in the decisions it makes, the actions and initiatives it implements, and overall, in the business it conducts is a fundamental tenet of Prairie North Regional Health Authority. The Authority believes in being accessible and accountable to the public, and continues its dedicated efforts to achieve these results.

All regular monthly Board meetings are open to the public. The meetings are extensively advertised to invite participation and attendance. Presentations to Board meetings are welcome and encouraged. Policies to facilitate presentations, and to ensure responses to presentations, are in place.

Regular monthly Board meetings are rotated through the Health Region's communities, facilitating access by local residents and community leaders. Local officials and members of the public are advised of the time, date and location of Prairie North Board meetings in their areas.

Local and area media are notified and invited to all Prairie North Regular Board meetings. Notification is also provided each month to the Region's staff and physicians.

The schedule of Board meetings is maintained on the Region's Intranet and Internet sites, along with the policies, procedures, and contacts for submissions and presentations to the Board. Information about the Board and how they can be reached is maintained on the Region's websites.

Following each Board meeting, the Board's newsletter *Board Notes* is prepared and distributed, usually within three working days. The document features highlights of presentations, discussions and decisions from the meeting. *Board Notes* is distributed, using a variety of media, to staff and physicians, partnering agencies and organizations, community leaders, media and the general public.

Board meeting minutes are distributed, once formally adopted by Board members, to facilities and programs in the Region. Copies of minutes are available to stakeholders. Minutes are posted and available on the Region's websites.

The Region's Annual Report is broadly distributed to key stakeholders and is available on-line via the Region's websites.

Additionally, the Region's Chairperson, Chief Executive Officer, and other representatives are willing and available to meet with community groups and organizations to discuss issues and matters of mutual concern.

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. Reporting and tabling of the payee list holds the RHAs accountable for the public funds they receive.

Prairie North Health Region's 2007-2008 Payee Disclosure List can be accessed on the web at:

<http://www.health.gov.sk.ca/prairie-north-health-region>

Copies of the Payee Disclosure List may also be obtained by contacting Prairie North Health Region at (306) 446-6606.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2008

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

Acaster, Dianne	94,037	Blythe, Edith	95,590
Akre, Kim	52,505	Bodnar, Cynthia	173,338
Albert, Lori	62,199	Bogdan, Kevin	72,531
Allen, Clinton	51,510	Bojarski, Shirley	54,914
Amusat, Ismaila	60,159	Bolster, Lauri	70,640
Anderson Callbec, Trina	65,462	Bonnett, Cindy	64,520
Anderson, Lorilynn	59,481	Booth, Beverly	94,855
Andrews, Juanita	50,032	Booth, Stephen	81,186
Arneson, Lillian	62,652	Borgeson, Connie	70,072
Arnold, Shelley	65,573	Borowsky, Gail	93,918
Auriat, Odette	124,172	Borsato, Natalie	78,096
Austin, Audra	73,651	Boskill, Sharon	87,885
Bacchetto, Theresa	64,748	Boulton, Noreen	65,932
Bailey, Kathryn	90,298	Bouvier, Erin	62,129
Bailey, Todd	88,931	Bouvier, Linda	72,770
Baldinus, Debra	61,195	Bowman, Jodi	51,515
Ballan, Maureen	70,986	Boyacheck, Shelly	76,751
Bandola, James	63,371	Boychuk, Suzanne	61,284
Banks, Shannon	60,224	Boyer, Claudette	55,613
Bannister, Elizabeth	50,403	Boyer, Desiree	61,561
Barclay, Grant	50,495	Braaten, Cathy	54,647
Barker, Catherine	56,240	Branconnier, Sherri	90,791
Barnett, Isabelle	84,990	Brander, Bonita	64,025
Barr, Idella	64,292	Brander, Nicole	65,936
Bartkewich, Catherine	64,875	Brassington, Barbara	53,707
Bauche, Barbara	57,085	Brick, Dean	83,268
Bauer, Robert	68,575	Briggs, Christine	59,229
Bauming, Holly	97,555	Britton, Alan	55,388
Baynham, Carrie	74,204	Brow, Robert	66,202
Baynham, Jacqueline	86,278	Brown, Betsy	68,894
Beach, Kathy	74,677	Brown, Robert	97,399
Beaubien, Janet	63,363	Brucks, Susan	68,101
Beauchamp, Glenda	51,023	Brummelhuis, Cynthia	69,952
Beaudry, Valerie	50,680	Buchynski, Kenneth	98,089
Beckman, Barbara	62,489	Bullock, Karen	76,146
Begrand, Celeste	62,757	Bullock, Lloyd	83,223
Belsheim, Chantelle	67,102	Bunnell, Diane	87,582
Bendall, Lucy	70,544	Burnett, Brandi	63,707
Bertsch, Shirley	64,788	Burnouf, Jeannine	74,736
Betemps, Leona	59,406	Burroughs, Penny	85,605
Bielecki, Joanne	62,014	Byl, Kathy	58,293
Bilanski, Lisa	65,801	Cain Buglas, Jacalyn	58,255
Birkett, Sandra	83,283	Campagnola, Gary	79,759
Bishop, Marla	73,716	Cappelle, Trina	55,108
Blain, Marion	62,503	Carey, D	97,830
Blais, Elaine	81,058	Carey, Lorelie	68,197
Blandin, Ashley	70,952	Carswell, Rita	57,673
Bloch Hansen, Kathryn	69,953	Cavanagh, Dianne	63,534
Blouin, Rhonda	52,993	Cavanagh, Nicole	52,517



Personal Services (continued)

Chabot, Lionel	131,915	Deutscher, Carol	68,528
Chambers, Jennifer	50,425	Dimmick, Tammy	86,234
Chambers, Margaret	71,757	Dobson, Tina	50,803
Charabin, Brenda	67,892	Dodsworth, Dawn	71,841
Chartier, Constance	93,870	Domshy, Beverley	91,646
Chayeski, Byron	76,417	Donald, Brenda	59,006
Chaykowski, Brenda	69,837	Donald, Janet	50,179
Cheesbrough, Cassandra	64,719	Donald, Lynsay	54,298
Chomicki, Doreen	66,338	Doom, Debra	84,128
Christianson, Christine	68,198	Douville, Lorraine	53,015
Christie, Robyn	60,362	Dreger, Shelly	57,607
Chubb, Patricia	86,626	Ducharme, Audrey	57,831
Chuiko, Paula	55,359	Duddridge, Shawn	73,130
Clark, Margaret	68,972	Dumont, Tracy	56,605
Clarke, Darlene	66,312	Dumouchel, Kathryn	66,711
Cochet, Kari	59,676	Dupuis, Darlene	78,210
Collinge, Dianne	61,854	Dupuis, Lori	50,988
Collins, Karen	52,659	Dustow, Verlyne	85,142
Comfort, Melanie	57,046	Dyck, Carol	88,070
Conacher, Ashley	65,944	Dyck, Carolyn	67,770
Conacher, Laurie	59,844	East, Audra	61,743
Cook, Danelle	58,475	Eberle, Cindy	98,043
Cook, Robert	86,927	Edgar Cozine, Shelly	117,639
Corbeil, Alan	62,741	Eliasson, Fred	67,395
Corpe, Cathy	63,156	Elliott Rumpf, Karen	64,627
Corrigal, Twyla	56,544	Engelke, Albrecht	97,762
Cortus, Debby	67,690	Engelke, Carmel	91,251
Craig, Irene	71,806	English, Darlene	67,872
Crane, Melissa	51,599	English, Roderick	109,550
Crickard, Karen	67,684	Epp, Priscilla	86,468
Crocker, Tracy	62,820	Erickson, Faye	73,417
Crone, Eileen	64,982	Ernst, Bernadett	81,490
Crossman, Doris	54,645	Etcheverry, Lionel	70,343
Crowder, Nichole	85,771	Etcheverry, Valerie	61,261
Cundliffe, Verna	87,976	Etue, Christine	59,044
Custer, Cory	61,139	Fan, Colleen	59,437
Dahl, Glenda	62,409	Fan, David	192,534
Dalke, Kimberly	56,057	Farrell, Barbara	61,898
Dallyn, Michelle	60,880	Fehr, Betty	54,846
Davis, Dale	59,385	Feist, Carla	68,579
Davison, Angie	50,165	Feist, Hazel	56,394
Dawson, Shari	67,943	Felix, Richard	62,616
Day, Kelly	84,272	Ferguson, Sandra	70,264
De Bruin, Shannon	62,450	Fineday, Linda	53,684
Dearborn, Anna	54,432	Fischer, Karen	55,060
Decelle, Kathy	63,230	Flath, Kimberly	52,660
Deneschuk, Judith	62,220	Floarea, Cristina	74,250
Denis, Irene	131,915	Florence, Michelle	75,794
Denton, Errol	65,969	Fluney, Doris	50,972
Derkatz, Rhonda	69,702	Forester, Barbara	81,322
Derkatz, Trevor	98,501	Foster, Wendy	58,943

Personal Services (continued)

Fransoo, Colais	82,776	Hanna Woodworth, Jennifer	71,182
Freeman, Carol	88,980	Hannis, Lynda	68,708
Frey, Geoff	66,375	Hanson, Cindy	89,888
Frey, Jared	53,215	Harasymuk, Brian	93,918
Friedrich, Andy	70,240	Harbus, Debbie	63,999
Friesen, Karen	59,318	Harder, Audrey	61,642
Frolek, Patricia	72,015	Hardy, Leah	55,551
Fung, Teresa	102,568	Harlington, Leora	66,294
Furtas, Judy	82,401	Harms, Shannon	74,702
Gabruch, Colleen	61,612	Harper, Rose	55,087
Gallano, Florinda	83,474	Harrison, Garth	62,523
Gerbig, Karen	100,607	Harvey, Patricia	94,568
Gerlinsky, Lisa	56,469	Harwood, Linda	53,001
Gervais, Donnell	77,943	Haughian, Terrie	78,586
Gibson, Mary Ann	72,747	Heck, Joan	52,135
Gieni, Kathleen	56,191	Heidel, Kellie	78,788
Gill, Chris	75,370	Heidel, Michelle	66,228
Gillen, Toby	97,517	Heintz, Wendy	52,180
Glowa, Lorne	67,284	Heit, Tara	60,627
Glowa, Shirley	56,575	Helmeczi, Amanda	62,595
Golinowski, Carol	54,939	Hemsley, Margaret	77,591
Goota, Monica	96,126	Hepp, Raquel	59,947
Gosling, Kerri	67,909	Hertes, Susan	74,173
Gossen, Karen	98,467	Hetu, Deborah	72,924
Graham, Marcella	73,735	Heyens, Amanda	56,108
Graham, Monica	51,741	Hiebert Sturrock, Lannis	59,840
Graham, Susan	62,504	Hillaby, Vanessa	51,777
Grant, Sandra	83,603	Hillier, Craig	74,505
Graupe, Lori	87,099	Hilsendager, Brent	62,899
Gravelle Allenby, Angela	52,945	Hilsendager, Rose	62,493
Graw, Esther	60,070	Hines, Tyler	69,293
Greedharry, Prema	62,528	Hoehn, Alison	52,234
Greenwood, Beverly	70,240	Hoganson, Mardelle	59,343
Gregg, Joanne	53,641	Hoglander, Lorna	67,354
Gregoire, Gillian	77,492	Holba, Barb	73,343
Grela, Joseph	69,613	Holbrook, Michael	62,583
Greschner, Nadyne	71,442	Holsapple, Michelle	59,970
Grigo, Sandra	58,194	Horn, Janice	69,177
Grychowski White, Loraine	93,918	Horpestad, Beverlie	63,230
Gubbe, Debra	70,804	Horsman, Shelly	86,587
Gubbe, Greg	70,246	Houk, Valerie	57,794
Gubbe, Louis	72,639	How, Ernie	67,447
Gubbe, Spencer	53,069	Hryni, Donna	64,296
Guest, Tabitha	65,352	Huard, Patricia	51,934
Gustafsson, Laurie	55,888	Hubbard, Barry	292,069
Gusztak, Dr Lewko	289,007	Huebert, Kristin	77,127
Hadland, Brenda	73,174	Hume, Louise	63,561
Haftner, Debra	53,019	Humenny, Therese	88,570
Hamel, Denise	54,091	Hurlburt, Alexandri	58,402
Hames, Lisa	84,877	Huxley, Denise	79,297
Hampton, April	57,927	Igini Close, Marie	70,177

Personal Services (continued)

Illingworth, Cherie	69,656	Laclare, Elaine	54,226
Illingworth, Connie	104,713	Laclare, Larry	63,092
Imhoff, Shannon	68,856	Lafreniere, Pamela	97,825
Ingram, Marlene	50,854	Laliberte, Tanya	54,207
Ip Fung Chun, Roger	97,127	Lamb, Linda	71,985
Iturralde, Lailani J	77,067	Lamon, Pamela	65,026
Iwanchuk, Debbie	70,240	Lamoureux, Peggy	143,334
Jack, Shirley	56,416	Landreth, Janet	69,743
Jamieson, Claudette	78,105	Landrie, Cynthia	90,398
Jesse, Lorrieann	62,665	Laplante, Christina	55,309
Jiricka, Barbara	131,915	Larson, Melinda	50,835
Johner, Maxine	62,031	Lauritzen, Dianne	62,492
Johnson, Barbara	50,695	Lavoie, Gail	70,240
Johnson, Brook	54,155	Lavoie, Judy	51,441
Jones, Gloria	69,642	Lay, Julia	52,738
Jones, Judy	62,213	Lay, Justine	69,334
Jonsson, Brian	81,902	Lee, Kathy	54,309
Jordan, Debra	61,483	Legere, Jeremie	52,043
Kalk, Shayla	50,719	Leibel, Lillian	70,425
Kaltenborn, Vicki	71,696	Leier, Betty Lou	69,287
Kalyn, Rhonda	53,354	Leitner, Jean	70,049
Kalynchuk, Valarie	59,609	Leniuk, Janine	73,061
Kaplar, Gwendolyn	95,323	Lessner, Dwayne	78,088
Kardynal, Dione	62,254	Levesque, Barbara	52,764
Keller, Jerry	131,915	Lewis, Linda	70,240
Kenny, Karen	91,543	Lindquist, Marilyn	65,442
Kerr, Marilyn	60,857	Lindquist, Murray	86,601
Killoran, Jamie	68,173	Lindquist, Randy	89,787
Killoran, Linda	56,105	Lisko, Tamara	56,453
Kinchen, Tina	70,240	Little, Melissa	51,937
King, Gloria	53,717	Loch, Sharlene	102,097
Kingwell, Darlene	63,157	Lockhart, Joyce	71,762
Kipp, Renee	62,491	Lockwood, Dorothy	58,143
Kirkland, Marianne	58,177	Loewen, Heather	71,631
Kirtzinger, Brenda	93,646	Logue, William	53,983
Knutson, Theresa	70,482	Loney, Shirley	107,905
Koch, Gail	60,283	Looshorn, Jennifer	68,397
Koch, Lori	89,013	Loveday, Marsha	84,928
Kolosnjaji, Aleks	56,645	Lumsdon, Janet	62,620
Kondra, Jennifer	55,093	Lund, Leona	72,781
Koroll, Georgette	68,756	Lynds, Dalmar	56,862
Koroluk, Richard	80,974	Macdonald, Joan	70,107
Kotun, Laurie	65,460	Mackinnon, Andrea	69,636
Kozinski, Judy	52,781	Mackinnon, David	87,280
Kozlowski, Koreen	71,262	Mackrell, Carol	74,210
Kozma, Vivian	72,469	Macleod, Roy	59,107
Kramer, Barbara	56,017	Macnab, Ralph	66,342
Kramer, David	60,536	Madsen, Dorothy	79,029
Kulak, Terrilynn	55,385	Maestrocampo, Cynthia	77,218
Kurc, Dorota	74,328	Maggrah, Katrina	78,258
Kzyzyk, Diane	53,625	Malekoff, Debra	52,396

Personal Services (continued)

Mamer, Susan A	70,553	Morin, Rochelle	63,140
Manegre, Sherri	62,058	Morin, Roxanne	73,559
Mannen, Lizamarie	50,803	Moylan, Jennifer	73,013
Manochon, Evangelin	72,029	Moylan, Lorna	53,613
Marciuk, Sherry	50,127	Munn, Heather	53,018
Martinson, Karen	54,397	Munroe, Frank	64,490
Mason, Betty	67,909	Murphy, Irene	72,994
Matechuk, Joan	69,301	Mushka, Linda	62,516
May, Linda	73,314	Nachtegael, Glenn	62,948
Mayer, Jody	56,086	Nagy, Sylvia	86,235
McCall, Gerard	77,758	Nash, Faith	62,427
McCallum, Georgette	61,522	Navarro, Lori	69,951
McCaslin, Howard	74,188	Nelson, Donna	69,033
McDonald, Melanie	81,259	Nielsen, Tracie	93,918
McHattie, Jane	78,829	Nixon, Rhonda	51,351
McIntyre, Darcy	70,118	Nolin, Gary	72,532
McKee, Roberta	53,319	Novak, Kimberly	57,111
McKeen, Michael	50,464	Nyholt, Pamela	71,988
McLeod, Mary	63,569	Nystrom, Dawn	77,408
McMaster, Sarah	54,363	Oborowsky, Earl	92,920
McMaster, Teresa	62,739	Oborowsky, Lynette	53,992
McMillan, Lenore	63,557	Obrien, Shea	50,701
McMillan, Murray	68,793	Ohanlon, Tanya	50,594
McMillan, Teresa	84,548	Olenick, Glenna	70,462
McNeil, Dana	74,363	Oliver, Lisa	69,329
McNeill, Shawna	59,061	Oliver, Lynda	68,910
McNutt, Benjamin	61,241	Olivier, Sandra	51,198
McOuat, Ina	67,819	Ollen, Joan	55,928
McRae, Joan	65,035	Olsen, M Joanne	52,524
McRae, Kenneth	73,229	Olson, Donna	58,256
McWatters, Patricia	86,483	Olson, Jesse	64,430
Meagher, Lisa	52,153	Omelchenko, Kim	88,389
Mee, Brad	67,462	Opekokew, Myra	61,120
Meena, Sharon	86,307	Oquinn, Jeanne	84,451
Meier, Terry	60,136	Orriss, Cliff	81,265
Meikle, Mary Lynn	61,090	Oster, Adrienne	67,701
Melchior, Jacqueline	104,303	Ouellette, Keith	112,180
Melenchuk, Dalton	69,215	Ouellette, Sandra	55,949
Melling, Lynne	101,767	Ovens, Lucie	51,703
Michaud, Jeanne	60,664	Palidwor, Marion	70,582
Michaud, Therese	91,640	Palmer, Janet	84,827
Miller, Jennifer	62,141	Panamaroff, Ruby	63,327
Million, Diane	52,309	Panapasa, Lusia	82,247
Mills, Patricia	57,995	Parker, Scott	72,150
Misener, Patricia	53,331	Parkinson, Glenda	75,951
Mitchell, Cheryl	80,907	Pashniak, Sandra	56,090
Moody, Rae Lee	66,079	Paylor, Lindsay	70,511
Moir, Barbara	79,455	Pellerin, Sonja	93,918
Moore, Dennis	66,125	Pentz, Daniel	306,178
Moore, Leona	77,328	Perkins, Diane	71,127
Moore, Linda	61,699	Perrin, Colleen	54,103

Personal Services (continued)

Peters, Karalei	55,192	Roschker, Allison	50,662
Peterson, Janet	65,079	Ross, Debra	58,056
Peterson, Tanya	51,386	Roszlein, Diane	116,143
Petruk, Paula	73,286	Rothenburger, Evelyn	69,643
Phipps, Carol	54,042	Roussel, Debbie	53,673
Phommavong, Dur	71,909	Rowland, Mary	68,095
Piatt, Roger	69,603	Roy, Melodie	74,515
Pidkowa, Barbara	107,062	Rubidge, Glen	52,970
Pidwerbeski, Janice	57,122	Rutherford, Joyce	70,291
Pierce Argue, Glenda	56,683	Sack, Linda	77,737
Piper, Diane	84,960	Sanche, Debra	85,017
Piper, Jaimie	54,855	Sankey, Sharon	88,396
Pitman Fisher, Patricia	79,491	Savoie, Dallas	91,724
Politeski, Linda	70,240	Sawatzky, Yvonne	74,380
Pollock, Stephen	69,531	Sayers, Chad	86,225
Prescesky, Jan	59,068	Schlakohl, Wayne	91,714
Preston, Colleen	88,178	Schlekewy, Georgia	57,888
Primeau, Gayla	51,323	Schlenker, Tammy	55,179
Proctor, Leanne	65,959	Schmidt, Denise	52,080
Pruden Mcivor, Suzanne	86,698	Schneider, Lucille	57,405
Prystupa, Edna	74,348	Schultz, Colleen	62,827
Prystupa, Tracey	93,566	Schultz, Shannon	57,107
Ptolemy, Joyce	55,578	Schussler, Kevin	51,276
Puech, Monique	57,200	Schweder, Laurie	85,903
Rackel, Mary	64,421	Scott Olsen, Randa	86,257
Raiche Bogdan, Karen	70,124	Seabrook, Carlie	63,445
Raiche, Chasity	66,913	Senger, Heather	57,720
Rathke Kubik, Candace	65,112	Seru, Mereamo	94,732
Raw, Julie	63,857	Seymour, Judith	50,423
Rawlyk, John	55,258	Sheppard, Lynn	60,572
Rea, Gina	60,273	Shynkaruk, Linda	93,918
Redhead, Tammy	63,025	Sieben, Dianne	65,793
Reimer, Bruce	101,639	Sieben, Tracy	73,458
Reinhart, Cathy	91,051	Siklenka, Brenda	54,225
Reiter, Ruth	63,052	Simmons, Brenda	53,616
Rekimowich, Tanis	65,186	Simon, Curtis	83,016
Rewerts, Marsha	69,422	Simon, Doreen	70,155
Rhinehart, Marcia	53,701	Simon, Karen	57,567
Riesen, Leland	78,162	Simons, Karen	63,157
Rindero, Lynzie	86,340	Slager, Tammy	51,842
Risling, Cora	56,105	Slater, Carol	56,829
Risling, Diana	51,768	Smiley, Linda	100,351
Ritchie, Kristina	61,424	Smith Jonsson, Lori	61,010
Roach, Joyce	64,000	Smith, Laurie	50,204
Robinson, Alice	81,286	Sommerville, Kimberley Rae	58,390
Robinson, Shelley	70,314	Sonnega, Lois	101,556
Rogers, Ann	50,744	Spence, Caroll	58,765
Rogers, Corinne	71,159	Spencer, Valarie	56,058
Rohovich, Carol	62,523	Squair, Laura	77,938
Rondeau, Monique	59,967	Staff, Larry	82,012
Roney, Anita	61,242	Stafford, Bonnie	67,146

Personal Services (continued)

Stapley, Jody	81,146	Wagar, Marie	63,351
Startup, Ken	69,847	Walker, Joyce	73,781
Stein, Eleanor	54,164	Walker, Tracy	86,490
Steinacher, Roxanne	52,291	Wall, Elaine	77,008
Steinborn, Laura	73,765	Wallace, Lucy	82,095
Stephen, Mark	58,374	Walls, James	81,286
Stevenson, Roberta	80,863	Walz, Kristin	56,193
Stoebich, Irene	71,597	Wappel, Wendy	60,286
Strendin, Lynn	66,623	Warren, Chris	63,072
Strueby, Gail	67,058	Wasson, Lorraine	93,967
Styre, Sheila	55,340	Wasyliw, Shelley	89,512
Suberlak, Rhonda	95,813	Watson, Carolyn	54,712
Suter, Marj	51,087	Watson, Donna	98,135
Sutherland, Debra	54,799	Watson, Katharina	62,576
Sutton, Richard	78,278	Watt, Anne	104,481
Swatschina, Kara	55,681	Watt, Kelly	89,070
Swerid, Cora	61,271	Watt, William	82,915
Swerid, Judith	62,429	Weber, Bonnie	63,295
Sword, Sherry	83,943	Weber, Daneen	63,354
Sylvestre, Neal	95,146	Weber, Lori	72,820
Sywenky, Lesia	61,108	Weikle, Mireille	65,199
Tait, Christine	62,619	Weran, Karen	57,654
Tarasoff, Lorna	50,929	White, Terry	67,396
Tatchell, Maureen	71,866	Whittles, Shirley	57,258
Tatton, Colleen	54,263	Whyte, Sheila	65,618
Taylor, Carol	68,783	Wick, Judith	60,576
Tebay, Roberta	94,720	Wiebe, Alison	68,816
Ternes, Patricia	52,567	Wiens, Gina	74,262
Ternes, Ronald	107,319	Wilford, Loucinda	75,133
Thiele, Chris	86,685	Wilkes, Michelle	62,067
Thomas, Patricia	66,808	Wilkie, Fred	63,157
Thurstan, Shawna	53,484	Williamson, Carol	54,285
Tkatchuk, Sheila	61,623	Williamson, Donna	70,539
Toews, Celeste	61,322	Williamson, Tanya	54,347
Tokaryk, Dawne	67,274	Winter, Jamie	51,379
Tollefson, Judy	74,913	Winterhalt, Blaine	65,341
Toye, Colleen	78,673	Winterholt, Catriona	63,563
Tran, Sam	82,658	Wladychuk, Robert	101,474
Trew, Lorraine	71,134	Wolfe, Anita	63,850
Tuiloma, Adi	111,209	Woloski, Roy	67,704
Turcotte, Brenda	69,336	Woodworth, Tara	61,951
Turnbull, Brian	59,954	Woytiuk, Andrew	53,723
Uzelman, Glennys	131,915	Wright, Christine	62,039
Van Der Merwe, Lynette	77,693	Wuttunee, Alice	66,446
Van Nortwick, Linda	62,288	Wyatt, Shirley	69,081
Van Stone, Mike	68,316	Wychopen, Janice	68,875
Vany, Angele	55,517	Yablonski, Lori	67,582
Vany, Yvonne	73,754	Yates, Donald	67,679
Varghese, Gigi	73,957	Young, Kendra	76,691
Veikle, Anita	54,017	Yuen, Wai	97,399
Veikle, Joan	55,138	Yuhasz, Juanita	50,191
Veltikold, Georgina	91,878	Zacharias, Leila	53,362
Vick, Bonnie	102,682	Zeleny, Tracy	63,513
Victor, Ashley	62,537	Zimmer, Joan	93,918
Viel, Carissa	55,174	Zinger, Ronda	65,257
Vogel, Margaret	65,406		

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3130827 CANADA INC	1,277,758	Grand & Toy	433,666
Abbott Lab Diagnostics	79,983	Great West Life Assurance Company	1,074,171
Abbott Laboratories	191,928	Health Sciences	125,713
Advanced Electronic Solutions	146,864	Healthmetrx Canada	52,149
Alberta Health	60,816	Hospira Healthcare Corporation	786,158
Alcon Canada Inc	525,894	Ikon Office Solutions	266,276
Aodbt Architecture Interior	104,689	Intercity Packers Ltd	70,737
Arjo Canada Inc	266,142	Janice Handspiker	12035
Bard Canada Inc	106,215	JB Lockers Ltd	62,451
Baxter Corporation	55,962	Johnson & Johnson Medical Products	538,929
BCOM Computer	481,192	KCI Medical Canada Inc	105,859
Beckman Coulter Canada Inc	143,917	Keir Surgical Ltd	75,671
Berard, Marcel	295,938	Kemsol Products Ltd	166,361
Battleford & District Cooperative	57,139	Light Of Christ RCSSD #16	53,565
Battleford Physiotherapy	70,656	Linktel Communications	64,128
Biomerieux Canada Inc	274,828	Lloyd & District Co-Op Ltd	99,681
Bio-Rad Laboratories	58,088	Local Authorities Pension Plan	936,589
Bomimed Inc	127,105	Marsh Canada Ltd	355,158
Brainin Technology Solutions	172,675	McKesson Canada Corporation	836,374
Bunzcanada Ltd	212,236	Meadow Lake Associate Clinic	229,378
Canadian Corps Of Commissionaires	160,022	Med-I-Pant Inc	60,169
Canadian Med Healthcare	337,557	Medtronic Of Canada Ltd	116,292
Canadian Mental Health Ass-N B'Ford	152,063	Microsulis Medical Ltd	75,235
Canadian Union of Public Employees Local 5111	1,060,054	Minister Of Finance (PST)	147,391
Cannon Design Architecture Inc	56,516	Ministry Of Government Services	1,135,562
Carestream Health Canada Co	123,631	Ministry Of Health	175,061
Carl Zeiss Canada	96,100	Nicole Enterprises Inc	151,138
CEG Energy Options Inc	773,298	Nightingale	149,589
Century Roofing & Sheet Metal	229,382	North Battleford Medical Clinic	293,699
Chef Redi-Meats Inc	78,905	North SK Laundry & Support	1,919,609
Cherry Insurance	173,108	Novartis Pharmaceuticals Canada	273,644
Christie Group Ltd	628,290	Ormed Information Systems Ltd	144,154
City Of Lloydminster	76,311	Ortho Clinical Diagnostic	168,083
City Of North Battleford	222,949	Philips Medical Systems	538,382
Coherent-Amt Inc	210,728	PML Microbiologicals	58,038
Crestline	121,630	Portage Vocational Society Inc	77,740
Deloitte & Touche Up	64,865	Prairie Meats	160,315
Dept Of Laboratory Medicine	66,365	Public Employees Superannuation	923,116
DHL Express (Canada) Ltd	56,528	Public Service Superannuation	246,011
Domco Construction Inc	4,331,194	Receiver General For Canada	33,075,220
Dynalife Dx	143,160	Resources Management Consultants	75,872
Ecol Electric (N.B'Ford) Ltd	96,477	Roche Diagnostics	1,186,664
Enterprise Resource Group	51,471	Saputo	289,187
Fiber Tech Canada	401,099	Schaan Healthcare Products	1,615,303
Futuremed	471,666	Schell, Lyle V	117,008
Gambro Inc	74,682	Shoppers Drug Mart (N B'Ford)	218,380
Geanel Restaurant Supplies	121,854	Siemens Medical Solutions Diagnostics, Inc	61,047
G-M Pearson Biomedical Waste	99,814	Silvester Glass & Aluminum	62,195

Supplier Payments (continued)

SK Association of Health Organizations	6,662,500	Sysco (Regina)	944,142
SK Energy	852,575	Thorpe Brothers Ltd	520,286
SK Healthcare Employees' Pension Plan	9,054,530	Tyco	334,851
SK Power Corporation	1,352,735	Ultra Print	62,722
SK Registered Nurses Association	197,185	Unisource Canada Inc	234,012
SK Telecommunications	1,027,169	United Protection Services	80,788
SK Union of Nurses	435,101	Van Houtte Coffee (Saskatoon)	57,413
Smith & Nephew	51,443	VFA Canada	131,720
Smiths Medical Canada Ltd	131,347	Vipond Fire Protection Inc	104,945
Source Medical	526,398	Vital Aire (Saskatoon)	94,557
SRF Frontier Realty Inc	172,265	Vitality Foodservice Canada Ltd	71,441
Steris Canada Inc	182,357	Wallace Meschishnick & Partners	67,210
Stevens Company Limited	230,601	WBM Office Systems	192,422
Stonhard	60,071	Worker's Compensation Board - Alberta	121,665
Stryker Canada Inc	96,980	Worker's Compensation Board - Saskatchewan	1,815,059
Sunspun Food Service	439,333	Weston Bakeries Limited	55,062
Sysco (Edmonton)	198,685		

Transfers

Listed, by program, are transfers to recipients who received \$50,000 or more.

Battleford Early Childhood	118,954
Battleford Family Health Centre	818,020
Children First Childcare	277,210
Early Childhood Services	58,600
East Central Regional Health Authority	186,208
Edwards Society Inc	313,567
Learning Tree Child Development	65,580
Libbie Young Centre Inc	292,325
Lloyd Emergency Care	872,601
Marshall's Ambulance	514,416
MD Ambulance Care Ltd	352,428
Villa Pascal	1,741,566
Walter A Slim Thorpe Rec Centre	416,591
WPD Ambulance	981,391

Other Expenditures

Listed are payees who received \$50,000 or more for expenditures not included in the above categories.

Abouhamra, Dr	63,891
All Saints Medical Practice Professional Corporation	313,111
Baruch Medical Services Professional Corporation	175,867
Bekker, Dr. Leon	303,311
Botha, Dr Mj	80,531
Cholin, Brenda Dr	225,395
Dala, Dr G	78,584
Dr Mahmood Medical Profession Corporation	327,425
Dr. A. Rawoot Medical Professional Corporation	316,452
Dr. K.V. Ramachandran Medical Professional Corporation	354,490
Dr. N. Ramachandran Medical Professional Corporation	248,240
Duncan, Dr D	285,876
Elghdewi, Dr	57,025
Furniss, Dr. Cm	92,989
Gordon Craib Medical Professional Corporation	92,733
Holtzhausen, Dr P	117,651
Ibarreta, Dr N	318,173
Johnson, Dr J	101,174
Kostic, Dr Zlatko	51,054
La Cock, Dr M	198,809
Loewy Medicine Professional Corporation	363,854
Marcelo, Dr M	333,830
Mehboob, Dr Mohammad	438,967
Moodley, Dr Isperan	85,825
Moola, Dr Zuraida	97,714
Morton, Dr David	123,581
MRCT Medical PC	679,590
Musoke, Dr. E P	201,753
Nabi, Dr W	343,594
Natha, Dr Raj	286,979
Neveling, Dr Ch	117,825
Niemand, Dr Christiaan	68,904
Ntambazi, Dr Matthew	273,730
Prollius, Dr A	83,975
Prystupa, Dr Aaron	210,860
Spies, Dr	72,900
Timol, Dr Farzana	58,168
Tootoosis, Dr Janet	108,642

Performance Management Summary 2007-2008

In support of its objectives, Saskatchewan Health developed an *accountability framework* that defines and clarifies the performance relationship between regional health authorities (RHAs) and the province. The Accountability Documents articulate the Ministry's expectations (both high-level organizational, and program-specific) of regions for the funding that is provided. The associated measures/indicators are used in assessing if regions met, or are progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in each region's annual report. For detailed indicator descriptions, please refer to the *Performance Management Accountability Indicators* document on the Saskatchewan Health website at <http://www.health.gov.sk.ca/accountability>.

Indicator	RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled <i>as of March 2008</i>	June 2007 (next scheduled date June 2010)	not applicable	not applicable	to be determined
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned <i>as of March 2008</i>	February 2007	not applicable	not applicable	to be determined
Number of client contacts with the Quality of Care Coordinator to raise a concern <i>2006/2007</i>	174	not applicable	not applicable	not applicable
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days <i>2006/2007</i>	71%	86%	52% – 90%	to be determined

Indicator	RHA Value	Provincial Value	Range	Target
Workforce Planning				
Distribution of health system full time equivalents (FTEs) by affiliation 2007/2008	Provider Union CUPE - SK	1,342.55	<i>not applicable</i>	<i>not applicable</i>
	Provider Union AUPE - AB	92.88		
	HSAS	136.09		
	OOS/OTHER ¹ - SK	141.00		
	OOS/OTHER ¹ - AB	10.70		
	SUN	386.12		
	UNA - AB	14.91		
	RWDSU ²	<i>not applicable</i>		
	Organization as a whole	2,124.25		
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation 2007/2008	Provider Union CUPE - SK	40.72	45.68	18.53 – 91.96 <i>to be determined</i> ³
	Provider Union AUPE - AB	<i>not available</i>	<i>not available</i>	<i>not available</i>
	HSAS	25.38	23.72	0.10 – 131.05 <i>to be determined</i> ³
	OOS/OTHER ¹ - SK	4.18	3.41	0.21 – 13.02 <i>to be determined</i> ³
	OOS/OTHER ¹ - AB	<i>not available</i>	<i>not available</i>	<i>not available</i>
	SUN	106.55	84.78	32.83 – 351.02 <i>to be determined</i> ³
	UNA - AB	<i>not available</i>	<i>not available</i>	<i>not available</i>
	RWDSU ²	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i> <i>to be determined</i> ³
	Organization – All SK affiliations ONLY	49.79	48.46	18.95 – 131.14 <i>to be determined</i> ³

Indicator	RHA Value	Provincial Value	Range	Target
Worked hours as a percentage of total hours by affiliation 2007/2008	Provider Union CUPE - SK	78.3%	77.3%	73.3% – 80.2% to be determined ³
	Provider Union AUPE - AB	not available	not available	not available
	HSAS	80.2%	79.9%	73.0% – 81.6% to be determined ³
	OOS/OTHER ¹ - SK	81.6%	81.8%	75.0% – 84.2% to be determined ³
	OOS/OTHER ¹ - AB	not available	not available	not available
	SUN	73.3%	74.0%	65.8% – 76.8% to be determined ³
	UNA - AB	not available	not available	not available
	RWDSU ²	not applicable	not applicable	not applicable to be determined ³
Number of sick leave hours per full time equivalent (FTE) by affiliation 2007/2008	Organization – All SK affiliations ONLY	77.7%	77.2%	72.5% – 79.9% to be determined ³
	Provider Union CUPE - SK	86.67	89.48	70.26 – 108.76 to be determined ³
	Provider Union AUPE - AB	not available	not available	not available
	HSAS	64.04	68.08	50.61 – 108.78 to be determined ³
	OOS/OTHER ¹ - SK	43.06	50.23	41.95 – 70.10 to be determined ³
	OOS/OTHER ¹ - AB	not available	not available	not available
	SUN	81.30	89.48	52.15 – 94.79 to be determined ³
	UNA - AB	not available	not available	not available
Number of lost-time WCB claims per 100 full time equivalents (FTEs) 2007/2008	RWDSU ²	not applicable	not applicable	not applicable to be determined ³
	Organization – All SK affiliations ONLY	81.04	84.35	65.01 – 100.96 to be determined ³
Number of lost-time WCB days per 100 full time equivalents (FTEs) 2007/2008		7.43	7.12	0.00 – 9.02 to be determined ³
Percentage of employees self-identifying as Aboriginal 2005/2006 ⁴		not available	not available	not applicable to be determined

Indicator	RHA Value	Provincial Value	Range	Target	
Financial					
Surplus (deficit) ³⁰ 2007/2008	(\$620,306)	not applicable	(\$3,782,174) – \$5,674,918	\$0	
Surplus (deficit) as a percentage of actual operating expenditures ³⁰ 2007/2008	(0.4%)	not applicable	(2.6%) – 1.6%	0.0% – 0.5%	
Working capital ratio (current ratio) ³⁰ 2007/2008	0.95	not applicable	0.31 – 1.80	to be determined	
Number of days able to operate with working capital ³⁰ 2007/2008	(6.00)	not applicable	(62.32) – 39.28	to be determined	
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported 2007/2008 [yes/no indicator]	Q1 Q2 Q3 Q4	Yes Yes Yes Yes	not applicable	not applicable	significant activity is expected annually, but need not be reflected quarterly
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services ⁵ 2007/2008	not applicable	93.6%	89.4% – 97.1%	100%	
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services ⁵ 2007/2008	not applicable	97.8%	87.7% – 103.3%	100%	
Number of actual hours of operation for magnetic resonance imaging (MRI) services ⁵ 2007/2008	not applicable	not applicable	not applicable	to be determined	
Number of patients as a percentage of agreed on target for computed tomography (CT) services ⁶ 2007/2008	126.3%	101.9%	92.0% – 155.6%	100%	
Number of exams as a percentage of agreed on target for computed tomography (CT) services ⁶ 2007/2008	103.6%	106.6%	75.8% – 139.2%	100%	
Number of actual hours of operation for computed tomography (CT) services ⁶ 2007/2008	3,874	not applicable	not applicable	to be determined	
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services ⁵ 2007/2008	not applicable	84.7%	81.5% – 88.7%	100%	
Number of actual hours of operation for bone mineral densitometry (BMD) services ⁵ 2007/2008	not applicable	not applicable	not applicable	to be determined	

Indicator	RHA Value	Provincial Value	Range	Target
Number of patient years of dialysis provided in the current fiscal year⁷ <i>2007/2008</i>	Peritoneal	-	<i>not applicable</i>	<i>to be determined</i> <i>to be determined</i> <i>to be determined</i>
	Hemodialysis	11.86		
	Total	11.86		
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels⁸ <i>As at December 31, 2007</i>	Number of chronic renal insufficiency patients	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i> <i>to be determined</i>
	Number of peritoneal dialysis patients			
	Number of home unit chronic hemodialysis patients			
	Number of north/south chronic hemodialysis patients			
	Number of people living with a kidney transplant			
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)⁹ (in days) <i>2006/2007</i>	49	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital¹⁰ <i>2006/2007</i>	Stroke	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i> <i>to be determined</i>
	Brain Dysfunction			
	Spinal Cord Dysfunction			
	Orthopaedic Conditions			
	Neurological Conditions			
	Amputation of Limb			
	Major Multiple Trauma			
	Medically Complex			
	Debility			
	Cardiac			
	Pulmonary			
	Arthritis			
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre¹¹ <i>2006/2007</i>	Child / Youth	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i> <i>to be determined</i>
	Adult			
Total number of patients seen at Telehealth sites within the RHA <i>2007/2008</i>	197	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>

Indicator	RHA Value	Provincial Value	Range	Target
Total number of hours of professional health education via Telehealth 2007/2008	398	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Total number of hours of public health education via Telehealth 2007/2008	84	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Total number of hours of professional health education events provided by the RHA via Telehealth 2007/2008	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Total number of hours of public health education events provided by the RHA via Telehealth 2007/2008	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Acute Care				
Number and percentage of surgical cases on wait list that have already waited over 6 months¹² 2007/2008	Number	105	<i>not applicable</i>	<i>not applicable</i>
	Percentage	15.8%	39.9%	6.9% – 47.0%
Number and percentage of surgical cases on wait list that have already waited over 12 months¹² 2007/2008	Number	0	<i>not applicable</i>	<i>not applicable</i>
	Percentage	0.0%	18.9%	0.0% – 23.1%
Number and percentage of surgical cases on wait list that have already waited over 18 months¹² 2007/2008	Number	0	<i>not applicable</i>	<i>not applicable</i>
	Percentage	0.0%	9.2%	0.0% – 11.7%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames¹² 2007/2008	Priority Level I within 3 weeks	95.4%	60.4%	47.4% – 95.4%
	Priority Level II within 6 weeks	92.9%	44.0%	32.0% – 95.1%
	Priority Level III within 3 months	96.5%	67.8%	48.6% – 99.1%
	Priority Level IV within 12 months	100.0%	89.2%	83.4% – 100.0%
Cumulative number of surgical cases performed as a percentage of target and variance from target¹² 2007/2008	Percentage of target	110.4%	99.4%	92.2% – 114.6%
	Variance from target	448	<i>not applicable</i>	<i>not applicable</i>

Indicator	RHA Value	Provincial Value	Range	Target
<i>Institutional Supportive Care</i>				
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores ¹³ <i>as at the end of Q2 2007/2008</i>	-	-	-	<i>to be determined</i>
Case mix index for institutional supportive care facilities ¹³ <i>as at the end of Q2 2007/2008</i>	0.805	0.782	0.748 – 0.811	<i>to be determined</i>
<i>Population Health Services</i>				
Percentage of off reserve schools that are implementing healthy food / nutrition policies <i>as of September 1, 2007</i>	3.2	21.2	0.0 – 84.3	60% of schools by September 2011
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday ¹⁴ <i>July 1, 2006 to June 30, 2007</i>	Diphtheria	53.3	69.8	53.3 – 85.7
	Measles	53.3	69.5	53.3 – 82.1
Influenza immunization rate per 100 population (age 65 years and over) <i>2006/2007</i>	70%	63%	52% – 70%	<i>to be determined</i>
Percentage of licensed or regulated facilities inspected each year (pursuant to <i>The Public Health Act, 1994</i>) <i>2007/2008</i>	FEE – Food Eating Establishment	97	<i>not applicable</i>	68 – 100
	FPL – Food Processing (Licensed)	96	<i>not applicable</i>	50 – 100
	LA – Licensed Accommodations	68	<i>not applicable</i>	46 – 100
	SP – Swimming Pools	100	<i>not applicable</i>	55 – 100
	Public Water Supplies	85	<i>not applicable</i>	43 – 100
Percentage of facilities in compliance with <i>The Tobacco Control Act</i> in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns ¹⁵ <i>2007/2008</i>	94.8%	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers ¹⁵ <i>2005¹⁶</i>	Males	29.26	25.13	19.95 – 41.75
	Females	25.76	23.30	16.36 – 32.31



Indicator	RHA Value	Provincial Value	Range	Target
Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population 2005/2006	Incidence	5.4	5.4	1.3 – 7.3
	Prevalence	63.4	62.0	17.3 – 81.4
Percentage of increase in needle exchange rates over previous year ¹⁷ 2006/2007	60.7%	11.2%	-42.2% – 170.6%	to be determined
Community Care Services				
Alcohol and drug outpatient treatment completion rate per 100 admissions 2006/2007	48.8%	57.9%	34.7% – 73.9%	to be determined
Average wait time for admission to alcohol and drug outpatient services ¹⁸ (in days) 2007/2008	8.9	not applicable	not applicable	to be determined
Primary Health Services				
Percentage of RHA population with geographic proximity to primary health care teams March 2008	28.96%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA 2007/2008	Q1 2,551	not applicable	not applicable	not applicable
	Q2 2,190			
	Q3 5,257			
	Q4 5,597			
Number of persons receiving a service from HealthLine for the RHA 2007/2008	Q1 2,411	not applicable	not applicable	not applicable
	Q2 2,572			
	Q3 2,711			
	Q4 2,676			
	Year as a whole 10,370			
Number of new (in development and established) and enhanced primary health care teams for the current year 2007/2008	New teams in development 0	not applicable	not applicable	not applicable
	New teams established 1			
	Enhanced teams 0			
Emergency Response Services				
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) 2006/2007	0.85%	0.76%	0.00% – 10.10%	to be determined

Indicator	RHA Value	Provincial Value	Range	Target
<i>Mental Health and Addiction Services</i>				
Average daily census (ADC), occupancy rates, and average length of stay (ALOS) for mental health inpatient services ¹⁹ 2006/2007	ADC	15	173	5 – 51 <i>to be determined</i>
	Occupancy rate	68.7%	75.7%	52.5% – 91.7% <i>to be determined</i>
	ALOS (in days)	10.2	15.1	10.2 – 19.1 <i>to be determined</i>
Percentage of mental health inpatient separations where readmission occurred within 7 days ¹⁹ 2006/2007	5.9%	4.9%	1.2% – 9.2%	<i>to be determined</i>
Alcohol and drug inpatient treatment completion rate per 100 admissions ²⁰ 2006/2007	69.8%	73.2%	55.1% – 77.6%	<i>to be determined</i>
Average wait time for admission to alcohol and drug inpatient services ^{18,21} (in days) 2007/2008	15.2	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Average wait time for admission to alcohol and drug detoxification services ^{18,22} (in days) 2007/2008	1.8	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Average wait time for admission to alcohol and drug stabilization services ^{18,23} (in days) 2007/2008	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Average wait time for admission to alcohol and drug long term residential treatment services ^{18,24} (in days) 2007/2008	24.9	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<i>Program Support Services</i>				
Expenditures in program support funding pool as a percentage of total RHA operating expenditures ³⁰ 2007/2008	4.3%	<i>not applicable</i>	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
<i>Health Status and Outcome Indicators</i>				
Infant mortality rate per 1,000 live births ²⁵ 2002-2004	7.5	5.9	4.0 – 10.5	<i>to be determined</i>
Low birth weight rate per 100 live births ²⁵ 2002-2004	5.2	5.4	3.7 – 6.0	<i>to be determined</i>
High birth weight rate per 100 live births ²⁵ 2002-2004	16.0	15.7	12.9 – 31.1	<i>to be determined</i>

Indicator	RHA Value	Provincial Value	Range	Target
Potential years of life lost per 100,000 population (age 0 to 74 years)¹⁵ <i>2001²⁶</i>	Circulatory Diseases	852.1	951.5	<i>to be determined</i>
	All Malignant Neoplasms	1,427.2	1,483.1	
	All Respiratory Diseases	308.2	222.9	
	Unintentional Injuries	1,153.8	1,028.0	
	Suicide and Self-Inflicted Injuries	530.4	412.1	
Disability-free life expectancy (at birth)¹⁵ (in years) <i>1990²⁷</i>	Males	64.7	66.6	<i>to be determined</i>
	Females	69.2	70.0	
Disability-free life expectancy (at age 65 years)¹⁵ (in years) <i>1990²⁷</i>	Males	11.1	11.2	<i>to be determined</i>
	Females	12.5	12.7	
Life expectancy (at birth)¹⁵ (in years) <i>2001²⁸</i>	Males	76.0	76.2	<i>to be determined</i>
	Females	80.8	81.8	
Life expectancy (at age 65 years)¹⁵ (in years) <i>2001²⁸</i>	Males	16.8	16.9	<i>to be determined</i>
	Females	20.0	20.9	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent¹⁵		51.76	52.35	<i>39.86 – 57.96</i>
Percentage of population (age 18 to 64 years) who are overweight or obese¹⁵ <i>2005¹⁶</i>	Overweight (BMI 25.0-29.9)	33.68	32.52	<i>to be determined</i>
	Obese (BMI 30.0+)	23.33	20.03	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive¹⁵ <i>2005¹⁶</i>	Active / moderately active	38.60	48.62	<i>to be determined</i>
	Inactive	58.77	49.52	
Number of visits to a physician for a mental health reason <i>2006/2007</i>	General Practitioners	16,943	<i>not applicable</i>	<i>not applicable</i>
	Psychiatrists	1,561		
Age-sex adjusted diabetes prevalence rate per 1,000 population²⁹		67.9	<i>not applicable</i>	<i>44.3 – 101.7</i>
<i>2005/2006</i>				<i>to be determined</i>

Indicator		RHA Value	Provincial Value	Range	Target
Injury hospitalization rate per 1,000 population (age 0 to 19 years) 2005/2006	Males	8.6	10.6	7.2 – 17.7	<i>to be determined</i>
	Females	7.0	7.0	5.0 – 14.2	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) 2005/2006	Males	10.2	14.3	8.6 – 35.3	<i>to be determined</i>
	Females	24.3	26.4	21.7 – 39.9	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

- 1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.
- 2 The RWDSU category is applicable to Regina Qu'Appelle only.
- 3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.
- 4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.
- 5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.
- 6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.
- 7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, Sun Country, and Sunrise only.
- 8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.
- 9 SHNB indicator is applicable to Prairie North only.
- 10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only. The two facilities are not peers, in terms of their inpatient rehabilitation programs; therefore, their results should not be compared to each other.
- 11 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.
- 12 The 2007/2008 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.
- 13 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions. Please note that the methodology for both indicators is currently being revised, and that values may change from those previously reported.
- 14 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.
- 15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.

17 Needle exchange program indicators are applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

18 Data collection through the Alcohol, Drug and Gambling Information System (ADGIS) started in April 2007. Implementation is ongoing, and system and data entry issues continue to be identified and resolved. Due to these issues, 2007-08 average wait times for some RHAs have been calculated using an average of quarterly results for 2007-08, rather than the annual average.

19 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

20 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

21 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only. 2007-08 results for Keewatin Yatthé and Regina Qu'Appelle are based on a very low number of cases, and therefore may not be reliable.

22 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only. 2007-08 results for Keewatin Yatthé and Mamawetan Churchill River are based on a very low number of cases, and therefore may not be reliable.

23 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

24 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

25 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.

26 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.

27 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

28 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

29 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

30 Values are based on data from final, unaudited financial statements.

Management Report

May 9, 2008

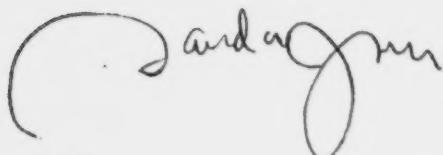
PRAIRIE NORTH HEALTH REGION REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the records, Management and Board of Directors of the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



David Fan
Chief Executive Officer



Jerry Keller
Chief Financial Officer

2007-08 Financial Report

MENSSA BAERT CAMERON
CHARTERED ACCOUNTANTS

AUDITOR'S REPORT

**TO THE BOARD OF DIRECTORS OF
PRAIRIE NORTH REGIONAL HEALTH AUTHORITY**

TO THE MEMBERS OF THE LEGISLATIVE ASSEMBLY

We have audited the statement of financial position of Prairie North Regional Health Authority (the "Authority") as at March 31, 2008 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The financial statements as at March 31, 2007 and for the year then ended were audited by other auditors who expressed an opinion without reservation on those statements in their report dated May 11, 2007.

Menza Baert Cameron
Chartered Accountants

North Battleford, Saskatchewan
May 9, 2008

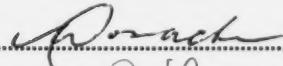
PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
as at March 31, 2008

Statement 1

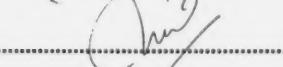
	Operating Fund	Restricted Funds			Total 2008	Total 2007
		Capital Fund	Community Trust Fund			
ASSETS						(Note 10)
Current assets						
Cash and short-term investments (Statement 3)	\$ 13,507,519	\$ (2,144,225)	\$ 1,169,087	\$ 12,532,381	\$ 13,691,328	
Accounts receivable						
Saskatchewan Health - General Revenue Fund	240,476	87,670	-	328,146	1,836,727	
Other	3,152,512	2,056,555	-	5,209,067	3,946,640	
Inventory	1,673,224	-	-	1,673,224	1,451,816	
Prepaid expenses	1,182,118	-	-	1,182,118	1,810,787	
	<u>19,755,849</u>	<u>-</u>	<u>1,169,087</u>	<u>20,924,936</u>	<u>22,737,298</u>	
Investments (Schedule 2)	808,830	-	101,063	909,893	1,523,407	
Capital assets (Note 3)	-	59,324,056	-	59,324,056	56,311,570	
TOTAL ASSETS	<u>\$ 20,564,679</u>	<u>\$ 59,324,056</u>	<u>\$ 1,270,150</u>	<u>\$ 81,158,885</u>	<u>\$ 80,572,275</u>	
LIABILITIES AND FUND BALANCES						
Current liabilities						
Accounts payable	\$ 5,444,922	\$ 209,178	\$ -	\$ 5,654,100	\$ 6,840,783	
Accrued salaries payable	4,556,429	-	-	4,556,429	3,382,227	
Accrued vacation payable	9,807,527	-	-	9,807,527	8,971,039	
Current portion of mortgages payable (Note 5)	-	372,343	-	372,343	454,377	
Deferred revenue (Note 6)	1,700,287	-	-	1,700,287	1,535,241	
	<u>21,509,165</u>	<u>581,521</u>	<u>-</u>	<u>22,090,686</u>	<u>21,183,667</u>	
Mortgages payable (Note 5)	-	5,360,122	-	5,360,122	5,713,412	
TOTAL LIABILITIES	<u>21,509,165</u>	<u>5,941,643</u>	<u>-</u>	<u>27,450,808</u>	<u>26,897,079</u>	
Fund balances:						
Invested in capital assets	-	53,591,592	-	53,591,592	50,143,780	
Externally restricted (Schedule 3)	-	-	1,270,150	1,270,150	1,232,051	
Internally restricted (Schedule 4)	178,276	1,182,424	-	1,360,700	2,299,365	
Unrestricted	(1,122,762)	(1,391,603)	-	(2,514,365)	-	
TOTAL FUND BALANCES	<u>(944,486)</u>	<u>53,382,413</u>	<u>1,270,150</u>	<u>53,708,077</u>	<u>53,675,196</u>	
TOTAL LIABILITIES AND FUND BALANCES	<u>\$ 20,564,679</u>	<u>\$ 59,324,056</u>	<u>\$ 1,270,150</u>	<u>\$ 81,158,885</u>	<u>\$ 80,572,275</u>	

See accompanying notes

APPROVED BY THE BOARD

.....Director

(Muriel Conacher)

.....Director

(Michael Zaychkowsky)



PRALIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
for the year ended March 31, 2008

Statement 2

	Operating Fund						Restricted Funds			
	Budget 2008	2008	2007	Capital Fund 2008	Community Trust Fund 2008	Total 2008	Total 2007			
	(Note 12)		(Note 10)						(Note 10)	
REVENUES										
Saskatchewan Health - General Revenue	\$ 132,466,581	\$ 134,148,759	\$ 124,645,513	\$ 4,646,730	\$ -	\$ 4,646,730	\$ 8,532,568			
Other Provincial Revenue	1,071,310	673,502	669,360	-	-	-				
Federal Government Revenue	147,200	159,835	144,688	113,338	-	113,338	134,753			
Funding from Other Provinces	21,270,246	21,437,438	18,583,204	875,094	-	875,094	286,319			
Special Funded Programs	2,476,127	2,373,737	2,301,126	-	-	-				
Patient Fees	10,182,510	10,055,286	9,744,260	-	-	-				
Out of Province Revenue (Reciprocal)	1,607,700	1,483,528	1,520,811	-	-	-				
Out of Country Revenue	50,600	172,319	46,511	-	-	-				
Donations	198,500	246,302	142,595	1,170,665	6,718	1,177,383	1,416,570			
Investment Income	570,000	604,354	572,753	56,750	50,619	107,369	127,476			
Ancillary Revenue	132,600	247,037	161,448	-	-	-				
Recoveries	2,416,861	2,426,383	2,333,397	-	-	-				
Other Revenue	364,350	904,527	406,034	1,217,094	-	1,217,094	3,624,095			
TOTAL REVENUES	172,954,585	174,933,007	161,271,700	8,079,671	57,337	8,137,008	14,121,781			
EXPENSES										
Province Wide Acute Care Services	19,382,520	19,141,989	17,831,004	59,515	-	59,515	52,120			
Acute Care Services	55,901,839	59,565,363	53,165,298	1,998,247	-	1,998,247	4,521,844			
Physician Compensation - Acute Care Services	6,333,883	6,793,824	5,964,829	-	-	-				
Supportive Care Services	42,234,410	43,580,273	40,388,928	3,785,274	19,238	3,804,512	1,855,799			
Home Based Service - Supportive Care	7,059,082	6,691,862	6,348,786	81,099	-	81,099	74,927			
Population Health Services	4,198,762	4,256,830	3,874,850	15,117	-	15,117	10,612			
Community Care Services	9,649,865	8,715,925	7,908,337	-	-	-				
Home Based Services - Acute & Palliative	1,190,677	1,118,912	1,037,860	-	-	-				
Primary Health Care Services	5,315,811	5,207,531	4,129,975	754,843	-	754,843	730,157			
Emergency Response Services	4,247,738	4,584,829	4,221,562	83,220	-	83,220	75,557			
Mental Health Services - Inpatient	2,302,395	2,153,266	1,811,914	2,124	-	2,124	2,124			
Addiction Services - Residential	695,472	740,718	589,922	7,733	-	7,733	7,733			
Physician Compensation - Community	2,656,910	2,942,613	2,114,339	-	-	-				
Program Support Services	9,129,178	7,468,136	7,891,304	672,702	-	672,702	290,457			
Special Funded Programs	2,539,606	2,432,058	2,390,245	4,709	-	4,709	8,948			
Ancillary	108,301	159,184	198,044	-	-	-				
TOTAL EXPENSES (Schedule 1)	172,946,449	175,553,313	159,867,197	7,464,583	19,238	7,483,821	7,630,278			
EXCESS (DEFICIENCY) OF										
REVENUES OVER EXPENSES	\$ 8,136	(620,306)	1,404,503	615,088	38,099	653,187	6,491,503			
Fund balances, beginning of year		274,769	682,995	52,168,376	1,232,051	53,400,427	45,096,195			
Interfund transfers (Note 14)		(598,949)	(1,812,729)	598,949	-	598,949	1,812,729			
FUND BALANCES, END OF YEAR	\$ (944,486)	\$ 274,769	\$ 53,382,413	\$ 1,270,150	\$ 54,652,563	\$ 53,400,427				

See accompanying notes



PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
for the year ended March 31, 2008

Statement 3

	Operating Fund			Restricted Funds			
	2008	2007	Capital Fund	Community Trust Fund	2008	2007	
		(Note 10)				(Note 10)	
Cash (used in) provided by:	Operating Activities			Financing and Investing Activities			
Excess (deficiency) of revenues over expenses	\$ (620,306)	\$ 1,404,503	\$ 615,088	\$ 38,099	\$ 653,187	\$ 6,491,503	
Amortization	-	-	7,140,965	-	7,140,965	6,438,310	
Gain on sale of capital assets	-	-	(27,761)	-	(27,761)	-	
Net change in non-cash working capital (Note 7)	1,970,661	61,980	406,254	(120,931)	285,323	1,169,841	
	1,350,355	1,466,483	8,134,546	(82,832)	8,051,714	14,099,654	
Purchase of capital assets	-	-	(10,193,341)	-	(10,193,341)	(15,080,073)	
Proceeds on sale of capital assets	-	-	67,650	-	67,650	-	
Sale (purchase) of long-term investments	-	(41,141)	-	-	-	137,709	
	-	(41,141)	(10,125,691)	-	(10,125,691)	(14,942,364)	
Acquisition of debt	-	-	-	-	-	-	
Repayment of debt	-	-	(435,325)	-	(435,325)	(406,026)	
	-	-	(435,325)	-	(435,325)	(406,026)	
Net (decrease) increase in cash and short-term investments during the year	1,350,355	1,425,342	(2,426,470)	(82,832)	(2,509,302)	(1,248,736)	
Cash and short-term investments beginning of year	12,756,113	13,143,500	(316,704)	1,251,919	935,215	371,222	
Interfund transfers (Note 14)	(598,949)	(1,812,729)	598,949	-	598,949	1,812,729	
CASH AND SHORT-TERM INVESTMENTS, END OF YEAR (Schedule 2)	\$ 13,507,519	\$ 12,756,113	\$ (2,144,225)	\$ 1,169,087	\$ (975,138)	\$ 935,215	
Supplementary Information:							
Cash interest paid	\$ -	\$ -	\$ 325,799	\$ -	\$ 325,799	\$ 367,159	

See accompanying notes

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2008

1. LEGISLATIVE AUTHORITY

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Prairie North Regional Health Authority was created by the Act and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prairie North Health Region, under section 27 of The Act.

The Prairie North Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i. The Authority has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

Edwards Society Inc.
Libbie Young Centre Inc.
Walter A. "Slim" Thorpe Centre Inc.
Portage Vocational Society Inc.
Canadian Mental Health Association (Saskatchewan Division) Inc.

Note 9 b) i. provides disclosure of payments to CBOs and third parties.

ii. The following affiliate is incorporated under the Non-Profit Corporations Act and is a registered charity under the Income Tax Act:

Société Joseph Breton Inc.

The Authority has entered into an affiliation agreement with and provides annual grant funding to this organization for the delivery of health care services. Consequently, the Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Authority's financial statements. Alternatively, Note 9 b) ii. provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii. The Lloydminster Region Health Care Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under The Non-Profit Corporations Act and are registered charities under The Income Tax Act.

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 b) iii. provides supplementary financial information of the Foundations.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

b) Fund Accounting

The accounts of the Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i. Operating fund

The operating fund reflects the primary operations of the Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health – General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii. Capital fund

The capital fund is a restricted fund that reflects the equity of the Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health – General Revenue Fund designated for construction of capital assets and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii. Community Trust fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Authority and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 1/2% to 20%
Leasehold improvements	20%
Buildings	2 1/2% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

Transfers of capital assets from a related party are recorded at the asset carrying amounts.

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on an average cost basis.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

f) Investments

Investments are valued at fair value.

g) Pension

Employees of the Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Authority expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

The financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

i) Financial Instruments

The Authority is exposed to financial risks as a result of financial instruments. The risks the Authority is exposed to are:

- i.** Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- ii.** Credit risk is all the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- iii.** Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- iv.** Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

j) Replacement Reserves

The Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. CAPITAL ASSETS

	March 31, 2008			March 31, 2007	
	Cost	Accumulated	Net Book Value	Net Book Value	
		Amortization			
Land	\$ 1,563,822	\$ -	\$ 1,563,822	\$ 1,595,364	
Land improvements	1,635,740	1,477,029	158,711	185,012	
Leasehold improvements	48,651	39,233	9,418	14,127	
Buildings	79,431,646	48,440,499	30,991,147	33,184,879	
Equipment	50,485,206	39,691,020	10,794,186	9,419,418	
Construction in progress	15,806,772	-	15,806,772	11,912,770	
	<u>\$ 148,971,837</u>	<u>\$ 89,647,781</u>	<u>\$ 59,324,056</u>	<u>\$ 56,311,570</u>	

4. COMMITMENTS

a) Capital Assets Acquisitions

At March 31, 2008, commitments for acquisition of capital assets were \$377,151 (2007 - \$74,379). Also at March 31, 2008 commitments for capital construction in progress were \$291,145 (2007 - \$2,752,081).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2009	\$ 351,612
2010	382,504
2011	416,556
2012	420,516
2013	339,395

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	2008	2007
Cut Knife & District Special Care Home CMHC, due March 1, 2022	4.420%	\$94,777 principal and interest, of which \$26,245 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.77%. Mortgage renewal date - March 1, 2017	\$ 990,689	\$ 1,040,769
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	4.390%	\$43,101 principal and interest, of which \$7,117 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 2.76%. Mortgage renewal date - June 1, 2015	449,386	472,344
Lakeland Lodge, St. Walburg CMHC, due March 1, 2026	8.000%	\$32,973 principal and interest. Mortgage renewal date - March 1, 2026	316,881	324,584
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	5.140%	\$179,634 principal and interest, of which \$58,105 is subsidized by Saskatchewan Housing Corporation.. Yielding an effective interest rate of 1.70%. Mortgage renewal date - December 1, 2013	1,682,645	1,773,950
Northland Pioneer Lodge, Meadow Lake CMHC, due January 1, 2017	5.375%	\$8,521 principal and interest. Mortgage renewal date - January 1, 2017	59,968	65,151

5. MORTGAGES PAYABLE (continued)

Title of Issue	Interest Rate	Annual Repayment Terms	2008	2007
Northland Pioneer Lodge, Meadow Lake CMHC due April 1, 2022	4.420%	\$87,291 principal and interest, of which \$21,871 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 2.02%. Mortgage renewal date - March 1, 2017	916,354	962,311
The Battlefords River Heights Lodge Corp. CMHC, due January 1, 2017	5.375%	\$12,470 principal and interest. Mortgage renewal date - January 1, 2017	87,752	95,337
The Battlefords River Heights Lodge Corp. CMHC, due November 1, 2027	8.000%	\$76,047 principal and interest. Mortgage renewal date - November 1, 2027	759,705	775,292
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.000%	\$15,736 principal and interest. Mortgage renewal date - December 1, 2026	154,021	157,486
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, due December 1, 2011	5.250%	\$79,320 principal and interest. Mortgage renewal date - December 1, 2011	270,464	331,278
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, due August 1, 2008	5.800%	\$131,255 principal and interest. Mortgage renewal date - August 1, 2008	44,600	169,287
Less current portion			5,732,465 372,343 \$ 5,360,122	6,167,789 454,377 \$ 5,713,412

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the Authority has pledged the related buildings of the special care homes as security.

Principal repayments required in each of the next five years are estimated as follows:

2009	\$ 372,343
2010	345,011
2011	363,218
2012	363,731
2013	320,412
2014 and subsequent	<u>3,967,750</u>
	\$ 5,732,465

6. DEFERRED REVENUE

	Balance Beginning of Year	Less Amount Recognized	Less Amount Transferred	Add Amount Received	Balance end of Year
Sask Health Initiatives					
Autism Workshop/Training	\$ -	\$ -	\$ -	\$ 62,232	\$ 62,232
Early Skills Development	19,791	19,791	-	-	-
Community Supports -Proj Hope	59,500	59,500	-	-	-
Federal Accord -MH Home Care	115,262	1,425	-	-	113,837
Infection Control	150,000	28,911	-	150,000	271,089
MDS Home Care	30,750	30,750	-	-	-
Mentorship Program	-	-	-	10,150	10,150
Nursing Safety Training	-	-	-	119,644	119,644
Outreach Needle Exchange	2,000	2,000	-	-	-
Primary Care - Diabetes	168,286	101,951	-	-	66,335
Primary Care -Pharmacy	-	-	-	20,000	20,000
Primary Care Team Development	100,000	34,465	-	-	65,535
Primary Care Team Facilitator	45,231	45,231	-	-	-
Retention Grant	-	-	-	11,000	11,000
School Retrieval Program	15,502	-	-	-	15,502
SIMS	10,000	10,000	-	-	-
Tinyeye	50,000	-	50,000	-	-
Tobacco Enforcement Act	10,238	-	-	-	10,238
Workforce Planning	-	-	-	74,050	74,050
Workplace Wellness	223,555	-	-	-	223,555
Youth Criminal Justice Act	12,153	12,153	-	-	-
	1,012,268	346,177	50,000	447,076	1,063,167
Non Sask Health Initiatives					
Acquired Brain Injury Funding	71,083	87,350	-	62,618	46,351
Alberta SECP Funding	-	289,781	-	346,306	56,525
Integrated Wrap-Around	25,000	12,451	-	-	12,549
Kids First Program NW	297,816	786,883	-	846,956	357,889
Kids First Program NB	102,561	1,318,153	-	1,320,777	105,185
Project Hope (Corrections)	-	5,392	-	37,500	32,108
Safe Driving Program	26,513	-	-	-	26,513
	522,973	2,500,010	-	2,614,157	637,120
Total Deferred Revenue	\$ 1,535,241	\$ 2,846,187	\$ 50,000	\$ 3,061,233	\$ 1,700,287

These contributions are restricted for the provision of specific programs and are recognized as revenue in the year the related expenses are incurred.

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds				Total
	2008	2007	Capital	Community	Total		
			Fund	Trust Fund	2008		
(Increase) Decrease in accounts receivable	\$ (1,011,186)	\$ 4,172,878	\$ 1,255,764	\$ 1,577	\$ 1,257,341	\$ 128,569	
(Increase) Decrease in inventory	(221,408)	(78,483)	-	-	-	-	
(Increase) Decrease in prepaid expenses	628,669	(537,736)	-	-	-	-	
(Increase) Decrease in financial instruments	570,647	-	143,930	(101,063)	42,867	-	
Increase (Decrease) in accounts payable	(171,797)	54,303	(993,440)	(21,445)	(1,014,885)	1,041,272	
Increase (Decrease) in accrued salaries	1,174,202	(3,850,394)	-	-	-	-	
Increase (Decrease) in vacation payable	836,488	306,546	-	-	-	-	
Increase (Decrease) in deferred revenue	165,046	(5,134)	-	-	-	-	
	\$ 1,970,661	\$ 61,980	\$ 406,254	\$ (120,931)	\$ 285,323	\$ 1,169,841	

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The Authority administers funds held in trust for patients and residents using the Authority's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2008 was \$658,911 (2007 - \$596,027). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The Authority is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

a) Related Party Transactions (continued)

	2008	2007
Revenues		
Saskatchewan Housing Corp	\$ 113,338	\$ 134,753
Saskatchewan Learning	2,105,035	2,055,390
Saskatchewan Worker's Compensation Board	514,877	625,486
SGI Canada Insurance Services Ltd.	268,702	245,736
	<u>\$ 3,001,952</u>	<u>\$ 3,061,365</u>
Expenditures		
Battleford Family Health Care	\$ 818,020	\$ 759,643
Ministry of Finance	152,772	172,381
Ministry of Government Services	1,135,562	1,112,102
Ministry of Health	175,061	101,629
North Sask. Laundry & Support Services Ltd.	1,919,609	1,750,450
Public Employees Superannuation	461,861	532,474
Public Service Superannuation	177,299	209,997
Saskatchewan Association of Health Organizations	5,693,796	5,661,210
Saskatchewan Energy	581,685	538,159
Saskatchewan Health Care Employees Pension Plan	4,783,525	4,644,473
Saskatchewan Power Corporation	835,234	827,735
Saskatchewan Telecommunications	1,070,047	892,480
Saskatchewan Worker's Compensation Board	1,949,584	1,882,503
Saskatoon Health Region	96,584	79,415
University of Saskatchewan	17,199	14,539
	<u>\$ 19,867,838</u>	<u>\$ 19,179,190</u>
Accounts Receivable		
Saskatchewan Worker's Compensation Board	\$ 16,413	\$ 27,074
Societe Joseph Breton Inc.	328,146	308,340
	<u>\$ 344,559</u>	<u>\$ 335,414</u>
Prepaid Expenditures		
Saskatchewan Worker's Compensation Board	\$ 460,221	\$ 520,268
North Sask. Laundry & Support Services Ltd.	112,310	112,310
Saskatchewan Association of Health Organizations	-	187,233
	<u>\$ 572,531</u>	<u>\$ 819,811</u>
Accounts Payable		
Saskatchewan Association of Health Organizations	\$ 408,153	\$ 364,955

In addition, the Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

9. RELATED PARTIES (continued)

b) Health Care Organizations

i. Community Based Organizations (CBOs) and Third Parties

The Authority has also entered into conditional grant agreements with CBOs and third parties to provide health services.

These organizations receive operating funding from the Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Authority provided the following amounts to CBOs and third parties.

Edwards Society Inc.	\$ 289,849	\$ 281,341
Libbie Young Centre Inc.	334,207	275,105
Lloydminster Emergency Care Services (1989)	718,161	621,518
Marshall's Ambulance Care Ltd.	593,512	525,701
Portage Vocational Society Inc.	59,968	58,208
Canadian Mental Health Association (Saskatchewan Division) Inc.	128,297	136,031
Walter A. "Slim" Thorpe Centre Inc.	485,041	403,345
WPD Ambulance	981,391	891,893
	<hr/> \$ 3,590,426	<hr/> \$ 3,193,142

ii. Affiliates

The Act makes the Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Authority. The Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to the affiliate:

	<u>2008</u>	<u>2007</u>
Société Joseph Breton Inc.	<u>\$ 1,836,400</u>	<u>\$ 1,629,962</u>

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

ii. Affiliates (continued)

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate as at March 31, 2008 and 2007 and for the years then ended:

	<u>2008</u>	<u>2007</u>
Balance Sheet		
Assets	\$ 786,107	\$ 664,273
Net Capital Assets	<u>951,638</u>	<u>973,264</u>
Total Assets	<u><u>\$ 1,737,745</u></u>	<u><u>\$ 1,637,537</u></u>
 Total Liabilities	 \$ 922,170	 \$ 909,277
Total Net Assets (Fund Balances)	<u>815,575</u>	<u>728,260</u>
	<u><u>\$ 1,737,745</u></u>	<u><u>\$ 1,637,537</u></u>
 Results of Operations		
Authority Grant	\$ 1,836,400	\$ 1,629,962
Other Revenue	<u>561,278</u>	<u>544,637</u>
Total Revenue	<u><u>2,397,678</u></u>	<u><u>2,174,599</u></u>
 Salaries and Benefits	 1,968,948	 1,843,608
Other Expenses *	<u>341,415</u>	<u>235,826</u>
Total Expenses	<u><u>2,310,363</u></u>	<u><u>2,079,434</u></u>
Excess of Revenues over Expenses	<u><u>\$ 87,315</u></u>	<u><u>\$ 95,165</u></u>
 <i>* Other Expenses includes amortization of \$67,320 (2007 - \$52,037).</i>		
 Cash Flows		
Cash from Operations	\$ 208,833	\$ 54,146
Cash used in Financing Activities	<u>(37,395)</u>	<u>(7,143)</u>
Cash used in Investing Activities *	<u>(49,045)</u>	<u>(70,661)</u>
Increase in cash	<u><u>\$ 122,393</u></u>	<u><u>\$ (23,658)</u></u>
 <i>* Investing Activities includes capital purchases of \$45,694 (2007 - \$70,661).</i>		

iii. Fund Raising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

iii. Fund Raising Foundations (continued)

Lloydminster Region Health Foundation Inc.

The Authority has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of \$776,572 (2007 - \$233,485) of which \$597,720 (2007 - \$139,587) is payable at March 31, 2008.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Lloydminster Foundation at no charge.

Battlefords Union Hospital Foundation Inc.

The Authority has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of \$184,372 (2007 - \$802,206) of which \$26,854 (2007 - \$646,827) is payable at March 31, 2008.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The Authority has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of \$70,678 (2007- \$51,728) as at March 31, 2008, the Foundation held funds of \$7,245 (2007 - \$10,638) which will flow to the Authority for capital and departmental purchases.

Twin Rivers Health Care Foundation Inc.

The Authority has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of \$1,259,337 (2007 - \$2,269,550) of which \$90,887 (2007 - \$9,668) is payable at March 31, 2008.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

10. COMPARATIVE INFORMATION

Certain 2006-2007 balances have been reclassified to conform to the current year's presentation. Salaries payable were reclassified for 2006-2007, resulting in an increase in Operating Fund Cash of \$2,460,436 with a corresponding increase in Salaries Payable.

11. PENSION

Employees of the Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Authority's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) – This is a defined benefit plan that is the responsibility of the Province of Alberta. The Authority's financial obligation to the plans is limited to making the required payments according to the current agreement.

Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2006, which is the latest available financial information, is \$1,707,000,000. The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll. The obligation will be partially reduced through increased contribution rates.

Pension expense for the year amounted to \$6,637,825 (2007 - \$5,932,735) and is included in benefits in Schedule 1.

Effective March 31, 2007, SHEPP contribution rates are 6.552% (2007 – 6.552%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus 8.232% (2007 – 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP). The Authority's employer contribution rates for LAPP are 7.75% (2007- 7.75%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus 10.64% (2007 – 10.64%) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

12. BUDGET

The Authority approved the 2007-2008 budget plan on May 30, 2007.

13. FINANCIAL INSTRUMENTS

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Values

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- i. The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
 - cash and short-term investments
 - accounts receivable
 - accounts payable
 - accrued salaries and vacation payable
- ii. For investments, the fair value is considered to approximate quoted market values.
- iii. The fair value of mortgages payable, before the repayment required within one year, is \$5,435,057 (2007 - \$5,846,124) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Other Financial Instruments

The Authority classifies its financial instruments into one of the following categories: held-for-trading, loans and receivable, or other liabilities.

Cash is classified as held-for-trading. Accounts receivable are classified as loans and receivables. The carrying value approximates fair value due to the short-term nature of these investments.

Investments are classified as held-for-trading and recorded at fair value. Transaction costs related to held-for-trading financial assets are expensed as incurred. The change in the fair value of the investments is recognized in net income.

Bank indebtedness is classified as held-for-trading. The carrying value approximates fair value due to the short-term nature of the instrument. Accounts payable, accrued salaries and vacation payable are classified as other liabilities. The carrying value approximates fair value due to the short-term nature of these instruments.

Mortgages payable are classified as other liabilities and recorded at amortized cost. The related debt premium or discount and issue costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

13. FINANCIAL INSTRUMENTS (continued)

d) Other Financial Instruments (continued)

The Authority selected April 1, 2007 as the transition date for the identification and recognition of embedded derivatives. Accordingly, only contracts or financial instruments entered into or modified after the transition date were reviewed for embedded derivatives. As at March 31, 2008, the Authority does not have any outstanding contracts or financial instruments with embedded derivatives.

The Authority mitigates risk associated with these financial instruments through investment in a variety of long-term and short-term instruments on the advice of an investment professional and prudent management of receivables and payables.

Financial Instruments Designations				
Assets/ Liabilities	Designation	Recognition		Terms and Conditions
		Basis	Measurement	
Cash	Held for trading	Fair value	Fair Value = Cost (no adjustment needed for valuation at April 1/07)	refer to Schedule 2
Short-term investments	Held for trading	Fair value	gains/losses recognized in Statement of Operations immediately	refer to Schedule 2
Accounts receivable - Sask Health - General Revenue Fund	Loans & Receivable	Fair value	Amortized Cost (FV = BV, no adjustment needed for valuation at April 1/07)	
Accounts receivable - Other	Loans & Receivable	Fair value	Amortized Cost (FV = BV, no adjustment needed for valuation at April 1/07)	
Investments	Held for trading	Fair value	gains/losses recognized in Statement of Operations immediately	refer to Schedule 2
Accounts payable	Other liabilities	Fair value	Amortized Cost (FV = BV, no adjustment needed for valuation at April 1/07)	
Accrued salaries payable	Other liabilities	Fair value	Amortized Cost (FV = BV, no adjustment needed for valuation at April 1/07)	
Accrued vacation payable	Other liabilities	Fair value	Amortized Cost (FV = BV, no adjustment needed for valuation at April 1/07)	
Current portion of Mortgages payable	Other Liabilities	Fair Value	Amortized Cost using the Effective Interest Method	The related buildings are pledged as security
Mortgages payable	Other liabilities	Fair value	Amortized Cost using the Effective Interest Method	The related buildings are pledged as security

13. FINANCIAL INSTRUMENTS (continued)

e) Unrecognized Financial Instruments

To meet the needs of the North Sask. Laundry & Support Services Ltd., the Board participates in an off balance sheet financial instrument which these financial statements do not fully reflect. The Board subjected this financial instrument to its normal credit standards, financial controls, and risk management and monitoring procedures. The Board has guaranteed the debts of the North Sask. Laundry & Support Services Ltd. to a maximum amount of \$67,275.

14. INTERFUND TRANSFERS

Each year the Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2008			2007		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	\$ (598,949)	\$ 598,949	\$ -	\$ (1,828,516)	\$ 1,828,516	\$ -
CMHC reserves	-	-	-	15,787	(15,787)	-
Mortgage payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
	<u>\$ (598,949)</u>	<u>\$ 598,949</u>	<u>\$ -</u>	<u>\$ (1,812,729)</u>	<u>\$ 1,812,729</u>	<u>\$ -</u>

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF EAST CENTRAL HEALTH

General

The Authority is responsible for providing health services to Saskatchewan residents. East Central Health ("ECH"), formerly East Central Regional Health Authority 7, was created by Alberta Health in 1995. The Authority provides health services to Alberta residents under the Bi-Provincial Lloydminster Health Services Agreement with ECH. This agreement sets out the general principles and processes with respect to:

- i) The health services to be provided and the service areas and/or populations to be served by the Authority on behalf of ECH;
- ii) The operating, equipment and capital funding and any other related payments to be provided by ECH to the Authority;
- iii) The management and operation of the Dr. Cooke Extended Care Centre by the Authority;
- iv) The management and direction of Dr. Cooke Extended Care Centre employees by the Authority; and
- v) The reporting and accountability requirements in respect of the services provided by the Authority on behalf of the ECH.

Specific details on some of these matters have to be concluded as addenda to this agreement.

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to ECH under the authority of Order In Council #106/95 dated March 31, 1995.

The Authority manages and operates this facility on behalf of the ECH.

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF EAST CENTRAL HEALTH

(continued)

Dr. Cooke Extended Care Centre (continued)

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

	2008	2007
Balance Sheet		
Cash and Short-Term Investments	\$ 350	\$ 350
Accounts Receivable	67,617	61,456
Inventory	10,231	8,015
Prepaid Expenses	-	732
Total Assets	\$ 78,198	\$ 70,553
Accounts Payable	\$ 67,006	\$ 90,055
Accrued Salaries	137,376	100,992
Accrued Vacation Pay	437,233	410,358
Fund Deficit	(563,417)	(530,852)
Total Liabilities and Fund Balance	\$ 78,198	\$ 70,553
Results of Operations		
ECH Grant	\$ 5,740,745	\$ 5,280,453
Other Revenue	1,778,149	1,725,265
Total Revenue	\$ 7,518,894	\$ 7,005,718
Salaries & Benefits	6,731,600	6,415,702
Other Expenses	1,369,517	959,853
Total Expenses *	8,101,117	7,375,555
Excess of Expenses over Revenue	\$ (582,223)	\$ (369,837)

* Expenses include the Authority's allocated costs of \$686,837 (2007 - \$628,993).

The Authority has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of ECH.

16. CONTINGENCIES

Lawsuits

The Authority is currently involved as defendants in five legal claims. The Authority's insurance coverage would be adequate to cover the claims. The outcome of these legal claims cannot be determined at this time and, accordingly, no liability has been recorded in these financial statements.

17. VOLUNTEER SERVICES

The operations of the Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

18. CONTINGENT LIABILITY

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, the Reconsideration Committee completed recommendations on these appeals, and major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual "outstanding bundling issues" that consist of recommendations by the Reconsiderations Committee that were not agreed to by the Steering Committee. Outcomes of the Tribunal resulted in further "bundling issues" regarding additional classifications created and revised duties of existing classifications. A process to deal with these additional "bundling issues" is being negotiated between respective unions and SAHO, and is expected to extend well into 2008.

A financial obligation to pay reconsideration costs occurs once the Steering Committee and the Reconsideration Committee reach a consensus decision. The results of "outstanding bundling issues" are currently unknown. The costs cannot be reasonably determined at this time.

19. CHANGE IN ACCOUNTING POLICY

Effective April 1, 2007 the Authority adopted the new CICA Handbook Section 3855 – Financial Instruments – Recognition and Measurement, Section 3862 – Financial Instruments – Presentation, and Section 3863 – Financial Instruments – Disclosure.

Upon the adoption of the new standards, the impact of applying this change in accounting policy prospectively, effective April 1, 2007, to recognize fair value adjustments on financial instruments held-for-trading was as follows:

April 1, 2007	
Increase (decrease) in Cash and Short-term Investments	\$ 13,817
Increase (decrease) in Accounts Receivable -Other	(\$44,011)
Increase (decrease) in Investments	\$ 34,354
Increase (decrease) in Total Assets	\$ 4,160
Increase (decrease) in Unrestricted fund balance	\$ 4,160
Increase (decrease) in Total Liabilities and fund balances	\$ 4,160

Upon the adoption of the new standards, the impact of applying this change in accounting policy for the year ended March 31, 2008 to recognize fair value adjustments for gains and losses on financial instruments held-for-trading was as follows:

March 31, 2008	
Increase (decrease) in Cash and Short-term Investments	\$ 31,459
Increase (decrease) in Accounts Receivable -Other	(\$ 9,323)
Increase (decrease) in Investments	(\$ 2,903)
Increase (decrease) in net income	\$ 19,233

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
for the year ended March 31, 2008

	Budget 2008	Actual 2008	Actual 2007
Operating:			
Board costs	\$ 120,341	\$ 104,076	\$ 136,144
Compensation - Benefits	19,502,926	19,236,834	17,981,305
Compensation - Salaries	105,235,071	108,051,861	97,600,811
Diagnostic imaging supplies	435,080	456,787	394,375
Drugs	3,183,790	2,893,524	2,967,971
Food	3,123,995	3,041,830	2,927,933
Grants to ambulance services	2,094,824	2,293,064	2,039,113
Grants to third parties	2,996,613	3,048,928	2,894,002
Housekeeping and laundry supplies	1,117,515	1,138,816	995,028
Information technology contracts	512,150	517,363	429,000
Insurance	320,000	365,708	311,777
Interest	12,300	16,610	12,136
Laboratory supplies	1,624,850	1,492,065	1,391,130
Medical and surgical supplies	3,860,500	4,371,645	3,619,661
Medical remuneration and benefits	9,201,614	9,606,368	8,169,760
Office supplies and other office costs	1,692,175	1,539,026	1,493,089
Other	2,505,278	2,154,715	2,221,335
Other referred out services	4,260,085	4,510,899	4,018,549
Professional fees	1,096,098	867,446	889,320
Prosthetics	198,300	287,998	169,192
Purchased services	801,173	415,954	844,518
Rent/lease costs	873,875	1,160,301	1,007,502
Repairs and maintenance	1,163,360	1,158,137	1,213,017
Service contracts	1,132,191	1,111,724	843,330
Travel	2,367,775	2,309,172	2,005,241
Utilities	3,514,570	3,402,462	3,291,958
	<u>\$ 172,946,449</u>	<u>175,553,313</u>	<u>159,867,197</u>
Restricted:			
Amortization		7,140,965	6,438,310
Mortgage Interest Expense		323,618	363,813
Other		19,238	828,155
		<u>7,483,821</u>	<u>7,630,278</u>
		<u>\$ 183,037,134</u>	<u>\$ 167,497,475</u>

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2008

	Amount	Maturity	Effective Rate
Restricted Investments -Capital Fund			
Cash and Short Term			
Chequing and Savings:			
Meadow Lake CIBC	\$ 780,017		
Lloydminster Credit Union	(3,334,606)		
Credential Securities	26,309		
Equity	5		
Altamire	235,584	n/a	variable
Province of Ontario	148,466	01-Dec-08	5.70%
	(2,144,225)		
Restricted Investments -Community Fund			
Cash and Short Term			
Chequing and Savings:			
Edam Credit Union	20,351		
Goodsoil Credit Union	45,462		
Innovation Credit Union, Cut Knife	138,323		
Innovation Credit Union, Meadow Lake	396,608		
Innovation Credit Union, North Battleford	181,775		
Maidstone CIBC	33,385		
R.M. of Mervin	41,903		
RM of Frenchman Butte	2,284		
Synergy Credit Union, Lashburn	23,709		
Synergy Credit Union, Lloydminster	10,186		
Synergy Credit Union, Marshall	43,574		
Synergy Credit Union, Neilburg	99,928		
Synergy Credit Union, St. Walburg	26,249		
Town of Cut Knife	40,014		
Member Equity	2,000		
Concentra	43,307	11-Apr-08	4.22%
Edam Credit Union	20,029	24-Apr-08	1.75%
	1,169,087		
Long Term			
Edam Credit Union	50,396	22-Jan-13	4.75%
Edam Credit Union	15,200	01-Dec-09	4.00%
Edam Credit Union	15,200	01-Dec-10	4.00%
Edam Credit Union	20,267	01-Dec-11	4.00%
	101,063		
Total Restricted Investments -Community Fund	1,270,150		
Subtotal	(874,075)		

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2008

	Amount	Maturity	Effective Rate
Balance Forward	<u>\$ (874,075)</u>		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
Innovation Credit Union	938,795		
Lloydminster Credit Union	9,069,165		
Lloydminster CIBC	32,043		
Meadow Lake Credit Union	1,400,086		
Equities	300		
Petty Cash	15,254		
Commonwealth Credit Union	205,648		
Credential Securities	7,734		
Farm Credit Canada	101,131	08-Jun-06	3.75%
Province of Ontario	28,861	22-Sep-08	3.50%
Concentra GIC	31,484	11-Apr-08	4.22%
Province of Saskatchewan	147,393	02-Jun-08	5.50%
Canadian Wheat Board GIC	166,104	08-Jun-08	4.56%
ALTA Capital	64,198	15-Jun-08	4.20%
Concentra GIC	74,149	28-Aug-08	4.86%
Concentra GIC	197,913	15-Sep-08	4.96%
Coast Cap GIC	228,628	13-Nov-08	4.75%
Concentra GIC	123,055	04-Dec-08	4.10%
Concentra GIC	141,840	05-Dec-08	4.10%
Concentra GIC	379,334	15-Dec-08	4.56%
Concentra GIC	154,404	15-Dec-08	4.56%
	<u>13,507,519</u>		
Long Term			
Credit Union Member shares	5		
Member equity	94,752		
Province of Nova Scotia	62,748	01-Jun-09	5.40%
Bell Canada Debenture	123,734	15-Jun-09	6.15%
Hydro Quebec Global Debentures	126,181	15-Jul-09	6.00%
Province of British Columbia	125,501	01-Dec-09	6.25%
Government of Canada	221,193	01-Jun-10	5.50%
Province of Ontario	54,716	19-Nov-10	6.10%
	<u>808,830</u>		
Total Unrestricted Investments -Operating Fund	<u>14,316,349</u>		
Total Investments	<u>\$13,442,274</u>		
<u>Restricted and Unrestricted Totals</u>			
Total Cash & Short Term	12,532,381		
Total Long Term	909,893		
Total Investments	<u>\$13,442,274</u>		

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2008

Trust Name	COMMUNITY TRUST FUND EQUITY						Balance End of Year
	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals		
	\$ 9,293	\$ 142	\$ -	\$ -	\$ -		
Pine Island Lodge	\$ 9,293	\$ 142	\$ -	\$ -	\$ -	\$ 9,435	
L. Gervais Memorial Health Centre	101,153	2,665	-	(14,189)	-	89,629	
Northland Pioneer Lodge	379,981	15,761	-	-	-	395,742	
Lady Minto Health Centre	135,210	6,676	5,453	(1,251)	-	146,088	
Saskatchewan Hospital	175,829	7,118	1,265	-	-	184,212	
River Heights Lodge	3,153	1,952	-	-	-	5,105	
R.M. of Cut Knife	133,151	5,172	-	-	-	138,323	
R.M. of Frenchman Butte	2,277	7	-	-	-	2,284	
R.M. of Hillsdale	96,252	3,676	-	-	-	99,928	
R.M. of Mervin	40,334	1,573	-	-	-	41,907	
R.M. of Wilton	39,070	1,647	-	(2,686)	-	38,031	
Town of Cut Knife	38,981	1,033	-	-	-	40,014	
Town of Lashburn	23,841	981	-	(1,112)	-	23,710	
Town of St. Walburg	25,204	1,045	-	-	-	26,249	
Village of Marshall	5,496	47	-	-	-	5,543	
Village of Rockhaven	14,193	593	-	-	-	14,786	
Village of Waseca	8,633	531	-	-	-	9,164	
	\$ 1,232,051	\$ 50,619	\$ 6,718	\$ (19,238)	\$ -	\$ 1,270,150	

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2008

	<u>Balance Beginning of Year</u>	<u>Investment Income Allocated</u>	<u>Annual Allocation</u>	<u>Other Income</u>	<u>Operating Expenses</u>	<u>Capital Expenses</u>	<u>Balance End of Year</u>
Capital							
SHC Replacement Reserves							
Cut Knife & District Special Care Home Inc.	\$ 97,155	\$ 2,994	\$ -	\$ -	\$ (2,158)	\$ 97,991	
L.Gervais Memorial Health Centre	81	5,374	4,500	-	(9,955)	-	
Lakeland Lodge	65,000	3,435	-	-	-	-	68,435
Lloydminster and District Senior Citizens Lodge	138,723	7,257	13,000	-	(158,980)	-	
Northland Pioneer Lodge	157,357	4,475	19,523	-	(42,869)	138,486	
River Heights Lodge	116,675	4	15,735	-	(53,244)	79,170	
Turtle River Nursing Home	74,585	6,390	-	-	(6,968)	74,007	
Total SHC	649,576	29,929	52,758	-	(274,174)	458,089	
Other Internally Restricted Funds							
Capital Fund - RHA Restricted	783,173	-	-	-	(783,173)	-	
Donation Funds	154,482	-	-	299,937	-	(79,694)	374,725
ER Renovation Reserve	309,000	-	-	-	-	-	309,000
Reserve for Ambulance	128,365	-	26,309	-	-	(114,064)	40,610
Total Capital	2,024,596	29,929	79,067	299,937	-	(1,251,105)	1,182,424
Operating							
Other Internally Restricted Funds							
Emergency Response	65,200	-	-	-	(65,200)	-	
Donation Funds	209,569	-	-	58,639	(89,932)	-	178,276
Total Operating	274,769	-	-	58,639	(155,132)	-	178,276
Total Internally Restricted Funds	\$ 2,299,365	\$ 29,929	\$ 79,067	\$ 358,576	\$ (155,132)	\$ (1,251,105)	\$ 1,360,700

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
for the year ended March 31, 2008

Board Members	2008							2007
	Retainer	Per Diem	Travel Time	Travel & Sustenance	Other Expenses	CPP	Total	Total
Chairperson O'Grady, Bonnie	\$ 9,960	\$ 17,475	\$ 8,953	\$ 9,338	\$ -	\$ 1,748	\$ 47,474	\$ 53,383
Board Member								
Christensen, Ben	-	3,675	763	712	-	153	5,303	5,631
Conacher, Muriel	-	4,938	1,625	2,543	-	12	9,118	7,978
Duncan, Donald	-	4,006	925	672	-	184	5,787	11,884
Esterby, David	-	3,725	1,675	2,616	-	201	8,217	11,685
Fiddler, Flora	-	1,800	575	608	-	86	3,069	7,347
Helm, Vicki	-	2,900	725	375	-	-	4,000	6,950
Hill, Joan	-	4,875	2,700	3,596	-	302	11,473	13,922
Wouters, Glenn	-	2,850	871	1,361	-	104	5,186	7,135
Young, Donald	-	3,900	1,019	1,395	-	-	6,314	7,345
Zaychkowsky, Michael	-	2,875	562	408	-	123	3,968	4,524
Total	\$ 9,960	\$ 53,019	\$ 20,393	\$ 23,624	\$ -	\$ 2,913	\$ 109,909	\$ 137,784

SCHEDULE OF SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2008

Senior Employees	2008					2007		
	Benefits and Allowances ¹		Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances		Total
	Salaries ¹	Allowances ²				\$ 192,534	\$ 192,534	
Fan, David - CEO	\$ 192,534	\$ -	\$ 192,534	\$ -	\$ 192,534	\$ 162,476	\$ -	\$ 162,476
Chabot, Lionel - VP	131,915	-	131,915	-	131,915	107,607	-	107,607
Denis, Irene - VP	131,915	-	131,915	-	131,915	121,901	-	121,901
Jiricka, Barbara - VP	131,915	-	131,915	-	131,915	100,772	-	100,772
Keller, Jerry - VP	131,915	-	131,915	-	131,915	121,908	-	121,908
Uzelman, Glennys - VP	131,915	-	131,915	-	131,915	121,901	-	121,901
Total	\$ 852,109	\$ -	\$ 852,109	\$ -	\$ 852,109	\$ 736,565	\$ -	\$ 736,565

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc., as well as any other taxable benefits.

Appendix A — Acronyms

AB	Alberta	LRHF	Lloydminster Region Health Foundation
ACLS	Advanced Cardiac Life Support	MAC	Medical Advisory Committee
ADT	Admission, Discharge Transfer	MDS/ RUGS	Minimal Data Set/Resource Utilization Group
ALS	Advanced Life Support	MHO	Medical Health Officer
AUPE	Alberta Union of Provincial Employees	MLTC	Meadow Lake Tribal Council
BDCC	Battlefords District Care Centre	MRI	Magnetic Resonance Imaging
BMI	Body Mass Index	MRSA	Methicillin Resistant Staphylococcus Aureus
BTC	Battlefords Tribal Council	MWFR	Midwest Food Resources
BUH	Battlefords Union Hospital	NP	Nurse Practitioner
BUHF	Battlefords Union Hospital Foundation	NSL	North Sask Laundry (& Support Services Ltd.)
CAN(s)	Community Advisory Network(s)	OH&S	Occupational Health and Safety
CBO	Community-Based Organization	OOS	Out-of-Scope
CCHSA	Canadian Council on Health Services Accreditation	PART	Professional Assault Response Training
CDM	Chronic Disease Management	PHC	Primary Health Care
CDMC	Chronic Disease Management Collaborative	PNHR	Prairie North Health Region
CEO	Chief Executive Officer	PNRHA	Prairie North Regional Health Authority
CLXT	Combined Laboratory & X-Ray Technologist	QCC	Quality of Care Coordinator
CQI	Continuous Quality Improvement	RHA	Regional Health Authority
CSQI	Continuous Safety & Quality Improvement	RIC	Regional Intersectoral Committee
CT	Computed Tomography	RM	Rural Municipality
CUPE	Canadian Union of Public Employees	RN	Registered Nurse
C&Y	Child and Youth	RN/NP	Registered Nurse/Nurse Practitioner
DCECC	Dr. Cooke Extended Care Centre	ROP	Required Organizational Practice
DI	Diagnostic Imaging	RPN	Registered Psychiatric Nurse
ECH	East Central Health (Region, Alberta)	SAHO	Saskatchewan Association of Health Organizations
ECP	Early Childhood Psychology	SEP	Single Entry Point
EMS	Emergency Medical Services	SHNB	Saskatchewan Hospital North Battleford
EMT	Emergency Medical Technician	SIRP	Saskatchewan Integrated Renal Program
ESP	Employee Scheduling Program	SSCN	Saskatchewan Surgical Care Network
FASD	Fetal Alcohol Spectrum Disorder	SLP	Speech Language Pathology
FTE(s)	Full-Time Equivalent(s)	SUN	Saskatchewan Union of Nurses
HCO(s)	Health Care Organizations(s)	TCA	Tobacco Control Act
HISC	Health Information Solutions Centre	TIPS	Therapeutic Integrated Paediatrics Services
HIV	Human Immunodeficiency Virus	TLR	Transfer, Lift and Repositioning
HSAS	Health Sciences Association of Saskatchewan	UNA	United Nurses of Alberta
HQC	Health Quality Council	VP	Vice President
IT	Information Technology	WCB	Workers Compensation Board
LPN	Licensed Practical Nurse	WNV	West Nile Virus

How to Reach Us

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Prairie North Health Region

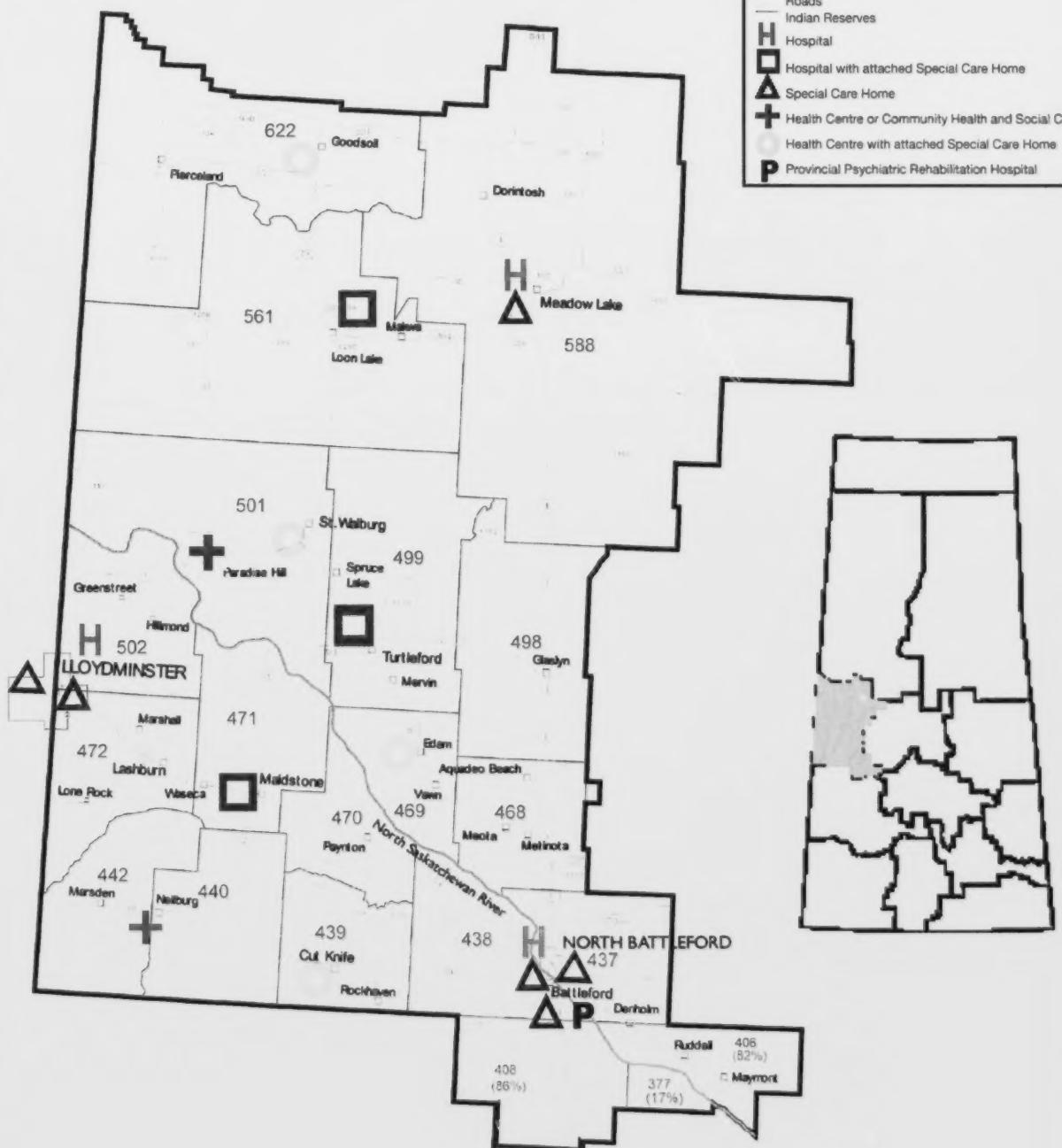
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